ACTIVE VOLUNTEER APPLICATION

Adams County Volunteer Service Credit Program

Applicant's Name:	
Applicant's Address:	
Applicant's Email Address:	
Applicant's Phone Number:	
Name of other Owners (if applicable):	
Name and address of the fire department or emergency medical services agency where application is a volunteer:	ant
With respect to Applicant's Address noted above, please answer the following questions: 1. Are you the legal owner of the property at that address, either alone or jointly with someone else?	1
Answer: YES \(\square \) NO \(\square \) If further explanation is needed, write here:	
2. Do you occupy or live at the property at that address? Answer: YES □ NO □	
If further explanation is needed, write here:	

3. Have you atta		ation a copy of the paid (County real estate tax receipt
Answer:	YES	NO 🗆	
If further explana	ation is needed, wri	te here:	
	least 6 months dur		emergency medical services 1 st through December 31 st
Answer:	YES \square	NO \square	
If further explana	ation is needed, wri	te here:	
a member of		the fire department or er	ng activities to be considered mergency medical services
Answer:	YES \square	NO 🗆	
If further explana	ation is needed, wri	te here:	

(6. Did you combine any points between two or more qualified organizations in Adams County to obtain a minimum of 50 point? If so, please identify the two organizations and the points obtained at each respective organization below.
	Answer: YES \Boxed NO \Boxed
]	If further explanation is needed, write here:
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containe any fals	nitting this application and signing below, I swear or affirm that the information ed herein is true and correct to the best of my knowledge, information, and belief and that e information submitted herein is subject to the penalties of 18 Pa.C.S. § 4904 (relating orn falsification to authorities).
	Date:
	Printed Name:
	Signature:
	INCEDICEIONG
	INSTRUCTIONS
i s v	This Application is to be completed and signed by an active volunteer who is a member in good standing with the volunteer fire company or nonprofit emergency medical services agency in Adams County. A member in good standing is defined as a volunteer who has been active for at least six months during the period of January 1 st through November 30 th of the current year and has obtained a total of 50 points by completing the following qualifying activities:
	a. Emergency Responsesi. Fire or Ambulance Call - 1 point per emergency response
	 b. Training i. Department Training – 5 points per training ii. Certified Training – 5 points per 8 hours

- iii. Hazardous Materials Refresher 5 points
- iv. Annual Self-Contained Breathing Apparatus 2 points
- v. Annual Driver Recertification 4 points

c. Meetings

- i. Fire Department Meetings 4 points per meeting
- ii. Emergency Medical Services Meetings 4 points per meeting
- iii. Committee Meetings 2 points per meeting
- iv. Board of Officers/Relief/Officer's Meetings 2 points per meeting
- v. Relief Meeting 2 points per meeting

d. Work Details

i. Scheduled Work Details – 5 points per detail

e. Fire Prevention/Public Education Activities

- i. Fire Prevention Activities 5 points per event
- ii. Public Education Events (parades, carnivals, etc.) 3 points per event

The chief or manager of the fire company or emergency medical services agency should maintain a log of all credited activities and must have certified that the volunteer applicant completed the requisite number of activities to be considered a member in good standing.

A Volunteer may combine points obtained while serving two or more fire companies or emergency medical services agencies during a taxable year.

2. The completed Application must be accompanied by a paid County real estate tax receipt for the current year, and Applicant must deliver the completed Application to their chief or manager **no later than January 1st** following the year the tax rebate applies to. The chief or manager will then mail or hand-deliver all timely-received completed applications to the following address **no later than January 15**th of that same year:

Adams County Tax Services Department 117 Baltimore Street Gettysburg, PA 17325

- 3. If the applicant qualifies for the rebate, the County will mail a check reflecting the appropriate rebate amount, not to exceed \$250.
- 4. If the County determines that the applicant does not qualify under the program, the County will mail the determination to the applicant's address. An applicant may file an appeal with the Adams County Tax Services Department within 30 days of the determination. Appeals that are filed 30 days or more after the date Tax Services mails the determination shall be considered untimely and shall not be considered. Within 90 days of a timely receipt of an appeal, the Board shall

hold a virtual or in-person hearing during which appellant shall have the opportunity to present competent evidence on his or her behalf. The burden of proof shall rest on the appellant to demonstrate that the initial decision was erroneous. Within 30 days of the hearing, the Board shall issue a final determination and shall mail the same to the appellant.