GRANT COUNTY FIRE DISTRICT #3

1201 Central Avenue S • P.O. BOX 565 • Quincy, WA 98848
P: (509)787-2713 | www.gcfd3.net
Commissioners: Carl Yeates, Randy Zolman, Keven Child
District Secretary: April Stucky

XXXXXXX XX, XXXX

XXXXX XXXXX
XXX XXX XX
XXXXXXXXX

Dear XXXXX,

All members of Grant County Fire District #3 (GCFD#3) sign an agreement to meet the minimum participation requirements set by the fire district to be a volunteer firefighter. You signed such an agreement acknowledging your responsibilities.

As per the recommendation of the Review Committee, your name was submitted to the Board of Commissioners on XXXXXX XX, 2014, for termination of your volunteer status from Grant County Fire District #3. Any GCFD#3 pagers, turnout gear or other equipment must be returned to the GCFD#3 main station within fifteen (15) days of receipt of this letter.

As an alternative to termination, you have the right to review Policy and Procedures 4.5.13 and 9.2.1 and sign a letter of understanding of these Policies available at the main station. By signing the letter, you are requesting that you be given another opportunity by the GCFD#3 Board of Commissioners to become a member in good standing. If this option is chosen, the request will go before the Board of Commissioners at their next regular meeting for review. If approved, you will begin a three-month probationary period in which time you must attend training and emergency calls as outlined in these Policy and Procedures in order to keep termination from progressing. You may be required to attend remedial training as felt necessary by the District Training Officer. This opportunity will only be offered to you one time in your career.

Sincerely,

Chairman
Board of Commissioners
Grant County Fire District #3

Date: _____

Grant County Fire District #3
Board of Commissioners
P.O. Box 565
Quincy, WA 98848

Board of Commissioners:

I have received your letter of termination. I am asking at this time to have you consider allowing me to remain as a volunteer firefighter for Grant County Fire District #3 (GCFD#3). I have reviewed Policy and Procedures 4.5.13, Participation Standards and 9.2.1, Training Policy. I understand my responsibilities to remain a member in good standing. I also understand I will be on a 3 month probationary term. If I fail to meet my obligations during this term, I understand termination will ensue.

Thank you for consideration of this matter.

Sincerely,

_____
Print Name

_____
Sign Name

_____
Date