SPOKANE COUNTY FIRE DISTRICT 8

Standard Operating Procedures

10.02.17
POINTS SYSTEM AND
VOLUNTEER
REIMBURSEMENT
SCHEDULE



| Adopted: | 12/01/17 |
|-----------|----------|
| Reviewed: | 12/15/23 |
| Revised: | 12/15/23 |
| | |

Approved: Lonnie J. Rash

Purpose: To establish a volunteer points system and a reimbursement schedule for the reimbursement of expenses of volunteer personnel for training and alarm activity, and any activity that the District may require under the direction of the Fire Chief.

References: P10.02.16.

Definition: Volunteer personnel include Volunteers on Duty (VOD), Tender Operators, and Support Services.

Procedure:

- 1. Allocation.
 - a) The Fire Chief shall establish the allocation of the points system annually.
 - b) The amount allocated shall be included in the annual expense plan.

2. Points Factors.

- a) Volunteer personnel compensation will be calculated using the Volunteer Points Classification schedule in this procedure according to position.
- b) All aspects of the points system, and Policies and Procedures of the District, are intended to comply with the requirements of the Fair Labor Standards Act (FLSA) for retention of volunteer status of personnel.
- 3. Points Eligibility.
 - a) The points system may provide for eligibility requirements based on criteria intended to assure personnel incentive, activity, and effectiveness.
 - b) Criteria may include, but are not limited to:
 - i. Successful completion of minimum training activity.
 - ii. Certification requirements.

4. Points Record.

- a) Volunteer personnel shall record all qualifying activity on a Volunteer Points Reimbursement Form (Blue Sheet).
- b) Incomplete or unsigned forms may not be tabulated.
- c) The annual volunteer points calculation period is November 1 October 31.
- d) Volunteer Points Reimbursement Forms shall be signed and <u>submitted to</u> Payroll monthly, and no later than November 15th.

5. Distribution.

a) Points shall be credited for:

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- i. Alarm response.
- ii. Training activity as assigned and in accordance with an approved schedule.
- iii. Performance of any activity that the District may require under the direction of the Fire Chief.
- 6. The District utilizes a computer-based training program to aid in the training of its members. Volunteer members will be tasked with assignments requiring completion using a computer. It is the desire/priority, that these assignments be successfully completed on a District computer during normal training sessions, ride-along shifts, or VOD shifts. However, there may be times when a volunteer member may need to access the District's computer-based training program from his/her home computer.
 - a) The District shall authorize one (1) point for successful completion of six (6) computer-based training program assignments. When filling out a points reimbursement form, the member must list the title of all six (6) computer-based training program assignments per point on the point's reimbursement form. Computer-based training will be verified prior to payment.
- 7. Annual Volunteer point's reimbursement will be issued on the first pay period in December.
- 8. Volunteer personnel are classified in consideration of the following factors:
 - a) Availability
 - b) Reliability
 - c) Responsibility
 - d) Specialized knowledge and skills
 - e) Experience
- 9. Effective March 1, 2024 point classification, description and value are as follows:

| a) | Class A | Volunteer FF/EMT | \$13.00 per point |
|----|---------|--|--|
| b) | Class B | Tender Operator | \$12.25 per point |
| c) | Class C | Support Service Volunteer | \$11.15 per point |
| d) | Class D | Volunteer on Duty <1 year of svc Volunteer on Duty 1+ year of svc | \$35.00 per shift \$50.00 per shift |

- Six (6) to twenty (20) hours is = one shift
- Twenty (20) to twenty four (24) hours is = two shifts

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VOLUNTEER POINTS REIMBURSEMENT FORM

Remember to complete and sign for every training and activity that you attend

| ne: | | | PIN: Month/Yr: |
|-----------|-----------------------------------|-----------------------|--|
| Date | Hours | Incident Number | Description/Comments |
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| hereby | attest that the | he above documentatio | on is a true and correct reflection of all activities that l |
| unteer Si | to for Distric gnature: | il O. | Total Activity: |