



**PRINCE GEORGE'S COUNTY, MARYLAND
FIRE/EMERGENCY MEDICAL SERVICES DEPARTMENT GENERAL ORDER**

General Order Number: 11-25	Effective Date: November 3, 2021
Division: Personnel Management	
Chapter: Volunteer Inter-Departmental Transfers	
By Order of the Fire Chief: Tiffany D. Green <i>TJG</i>	Issue Date: November 3, 2021

POLICY

This General Order shall facilitate the timely transfer of Departmental volunteer members from one volunteer corporation to another volunteer corporation and establish procedures for the proper tracking of station assignments, personnel records, and assigned personal protective equipment (PPE).

PROCEDURES / RESPONSIBILITIES

I. General Provisions

The following procedures will be strictly adhered to:

- A. The member requesting to transfer must be in “good standing,” with no pending or on-going disciplinary actions against them. All disciplinary sanctions must be served or completed prior to any transfer being considered. Any member who has resigned or whose membership has been terminated is not eligible to transfer; they must submit a complete application package, in accordance with *General Order 11-23, Volunteer Application Process*.
- B. A fully executed Prince George’s County Fire/Emergency Medical Services (EMS) Department Transfer Request (PGC Form #673VCa, Revised 03/27/18) **MUST** be submitted to the Fire Commission for processing.
- C. The transfer application must be signed by the Volunteer President or Volunteer Chief of the member’s current corporation. No transfer application will be signed by the corporation officer if the member is not in good standing, as described above.
- D. If the current corporation officer(s) refuse to sign the transfer request, the member can appeal to the Fire Commission.
- E. No member being transferred will participate in any emergency operations prior to being formally accepted as a member of the receiving corporation, in accordance with the receiving corporation’s Constitution & Bylaws and verification of compliance with required training. This is verified by the signature of the Chief or President of the receiving corporation.



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- F. No member may transfer more than five (5) times in their volunteer service career without the prior approval of the Fire Commission Chairperson or the Deputy Fire Chief, Volunteer Services Command. This is not a punitive measure; it is to try and determine why some members transfer many times over a short period of time.

II. Transfer of Personal Protective Equipment (PPE) and Records

- A. The Volunteer President/Volunteer Chief of the current corporation will maintain possession of the member's County-issued PPE, including SCBA face mask until the Volunteer President/Volunteer Chief of the receiving corporation has confirmed that the transferring member has completed the transfer process and has been formally accepted into their corporation. Volunteer Corporations are **NOT** to turn in PPE and SCBA face masks for members that are transferring, as if they were separated.
- B. Once it has been confirmed that the member has been formally accepted into the receiving corporation, all training records must be forwarded by the Chief of the former corporation to the Chief of the new corporation within five (5) business days, to include:
1. Compliance with Sub-Title 11, Division 7 – Minimum Qualifications for Volunteer Firefighters and Emergency Medicals Services Care Providers.
 2. Fit Test compliance.
 3. Last MIEMSS Protocol Update.
 4. Compliance with all refresher training. (Attachment B)
- C. A LOSAP Form #1023 – Volunteer Membership Information (Attachment C) and LOSAP Form #1025A – Annual Report Signature Page (Attachment D) shall be completed by the current corporation and forwarded to the receiving corporation documenting the current LOSAP service credit.
- D. Once the transfer process is complete, the Fire Commission will notify the SCBA Shop of the transfer so that the station assignment can be updated in the fit test database. This will be accomplished by sending an email notification to PGFDSCBAShop@co.pg.md.us.
- E. The transferring member will be responsible for updating their station affiliation online by accessing the Maryland Institute for Emergency Medical Services System (MIEMSS) at www.miemss.org with 72 hours and submitting confirmation to their respective Volunteer Chief.
- F. Once the Fire Commission has received the fully executed Transfer Request, the Fire Commission will notify:
1. Logistics & Supply to change the station assignment in the PPE tracking database.
 2. Technology & Information Services Office (TISO) to change the station assignment associated with the County email and Target Solutions accounts.
 3. SCBA Shop to change the station assignment in the fit test database.



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REFERENCES

N/A

FORMS / ATTACHMENTS

Attachment A – Prince George's County Fire/EMS Department Volunteer Transfer Request – PGC Form #673VCa – Revised 4/27/18

Attachment B – Volunteer Inter-Departmental Transfer Checklist

Attachment C – LOSAP Form #1023 – Volunteer Membership Information – Revised 5/2015

Attachment D – LOSAP Form #1025A – Annual Report Signature Page – Revised 5/2015

Attachment E – Volunteer Inter-Departmental Transfer Process Flowchart

Prince George's County Fire/EMS Department Volunteer Transfer Request

Transfer From: _____ To: _____

Fire Department Status: Volunteer EMS Only Administrative Auxiliary

PGFD ID #: _____ SSN #: _____ Date: _____

Name Last: _____ Name Middle: _____

Name First: _____ Name Maiden: _____

Street Address: _____ Apt #: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

E-Mail Address: _____

Date of Birth: _____ City Born: _____

Sex: Male Female Race: _____ Color Hair: _____ Color Eyes: _____

Blood Type: _____ Height: _____ Ft _____ In Weight: _____ Lbs.

Driver's License #: _____ Driver's License State: _____ Driver's License Expiration Date: _____

Class: _____ Red Card (if Applicable): _____

Emergency Contact Name: _____

Relation: _____ Cell Phone: _____

Home Phone: _____ Work Phone: _____

Address: _____

TRANSFERS WILL NOT BE ACCEPTED WITHOUT SIGNATURES FROM FORMER CHIEF/PRESIDENT AND ACCEPTING CHIEF/PRESIDENT OF CORPORATION	
Former Chief/President: _____	Signature: _____
ID#: _____	Date: _____
Accepting Chief/President: _____	Signature: _____
ID#: _____	Date: _____

FIRE COMMISSION APPROVED: _____ Date: _____
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**PRINCE GEORGE'S COUNTY, MARYLAND
FIRE/EMS DEPARTMENT**



Volunteer Inter-Departmental Transfer Checklist

Member Name _____ ID# _____

Transferring from Company _____ to Company _____

TO BE COMPLETED BY CURRENT COMPANY

Subtitle 11 Compliance:

Firefighter I _____ (completion date)

EMT-B _____ (completion date)

CPR _____ (completion date)

Refresher Compliance:

SCBA _____ (date)

HazMat _____ (date)

Infection Control _____ (date)

EMT-B Protocol _____ (date)

Fit Test _____ (date)

Completed LOSAP Form #1025A

I attest/affirm that the transferring member is in good standing and has no pending disciplinary actions and that any disciplinary sanctions have been served or completed.

Current Chief/President Signature: _____ Date: _____

TO BE COMPLETED BY RECEIVING COMPANY

Completed New EMT-B Affiliation Form Date: _____
(Forwarded to Training & Leadership Academy)

Completed New SCBA Agreement Date: _____
(Forwarded to Apparatus Maintenance)

Received LOSAP Form #1025A Date: _____

Notified Target Solutions Admin of Date: _____
Change in Station Assignment

Receiving Chief/President Signature: _____ Date: _____

Date: _____

Prince George's County Volunteer Fire/EMS
Length of Service Award Program
Volunteer Member Information

Check one:

- New Member Information
- Change of Information
- Transfer of Membership (Attach Form 1025a)
 - From Company _____
 - To Company _____
- Submittal for Award (Attach Form 1025a)

Complete the Following	
_____ (Full Name)	_____ (Full Name)
_____ (Address)	_____ (Address)
_____ (City) (State) (Zip)	_____ (City) (State) (Zip)
_____ (Area Code) (Telephone Number)	_____ (Area Code) (Telephone Number)
_____ E-Mail	_____ E-Mail

PGFD ID # _____

Initial Date of Membership: ____/____/____
(Date of entry to PGC FEMSD) (Mo) (Day) (Year)

Social Security Number: _____

Date of Birth: ____/____/____
(Mo) (Day) (Year)

I verify that the information listed on this report is correct and current and is to be used by the Fire Commission for the administration of the LOSAP program. I understand it is my responsibility to take this completed form and a completed 1025a to the new company so that my LOSAP Service Credit can be properly reported. If I fail to take the form to the new company, I understand that my LOSAP benefits may be adversely affected.

Member Signature

Volunteer Fire/EMS Company Name

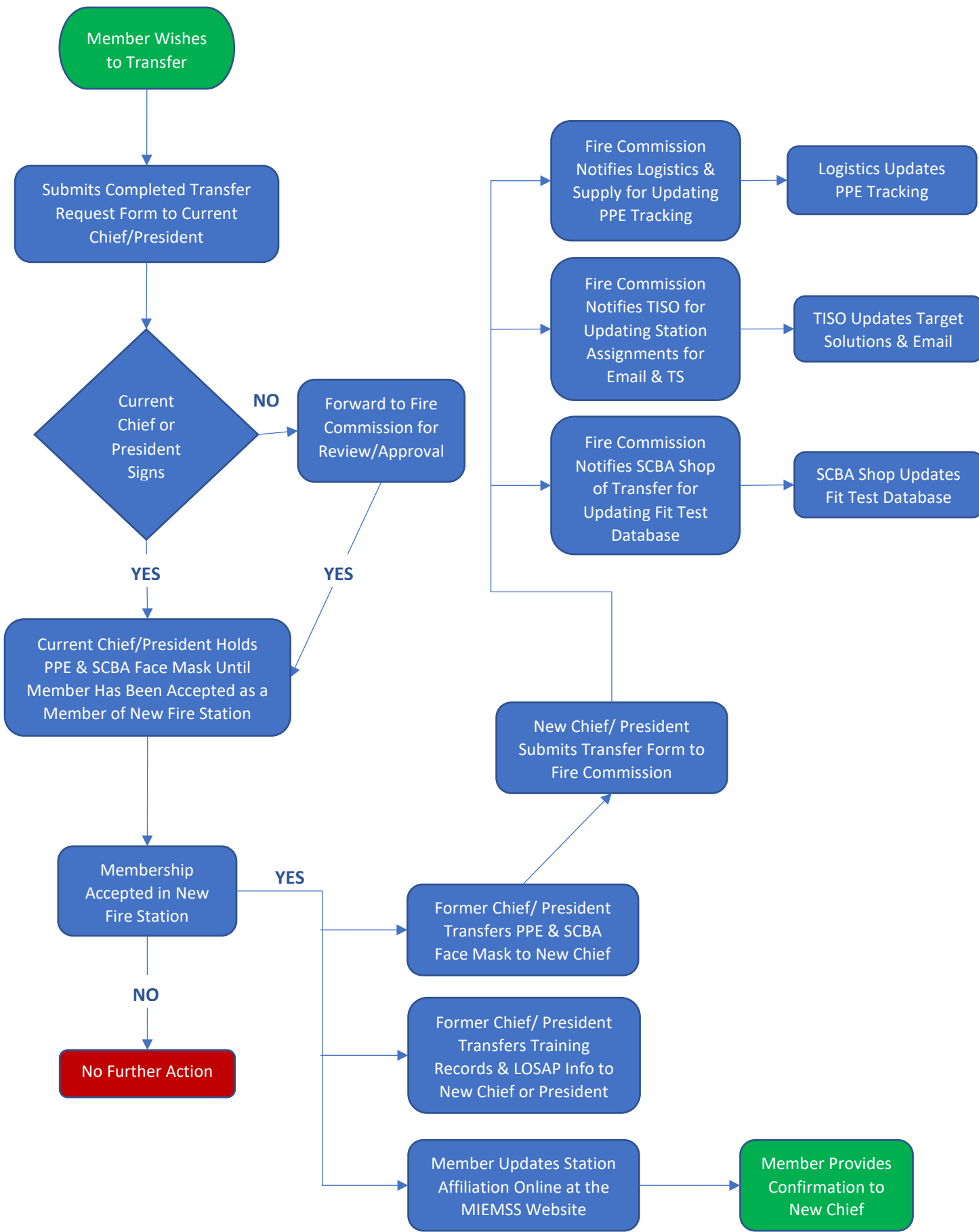
Company President Signature

Volunteer Fire/EMS Station Number

Company Secretary Signature

PGC Form #1023 (Rev. 6/15)

VOLUNTEER INTER-DEPARTMENTAL TRANSFER PROCESS



MARYLAND EMERGENCY SERVICES STUDENT APPLICATION RELEASE & AFFILIATION FORM

NOTE: This side of the form only needs to be completed for candidates taking a course for initial or renewal of certification/licensure.

Applicant Name: _____
Last First MI
Course Number: _____ (copy from Application 1, side 1)

RELEASE STATEMENT:

In compliance with the federal Family Educational and Rights to Privacy Act of 1974 and the Buckley Amendment, I authorize and give my permission to the University of Maryland, Maryland Fire and Rescue Institute, and the Maryland Institute for Emergency Medical Services Systems to release information concerning my training records to: (1) the primary instructor of this course; (2) the local training academy, if this course is being conducted within, or in collaboration with, such academy; (3) any federal or state agency (Maryland or other) with authority to certify, regulate, and/or fund EMS programs and personnel; and/or (4) _____.

Applicant Signature _____ Date _____

PARENTAL PERMISSION TO ENROLL:

(TO BE FILLED OUT BY A PARENT/GUARDIAN OF APPLICANTS WHO ARE AT LEAST 16; BUT NOT YET 18 YEARS OF AGE)

I hereby give permission for _____ (Name of Applicant) to enroll in classes conducted by the _____ (Name of Teaching Agency). I understand the teaching agency is not authorized to provide travel, medical, or health insurance to students. I also understand my child may be exposed to infectious diseases, and physically strenuous and/or hazardous environments.

Parent/Guardian Signature _____ Date _____

VERIFICATION OF MEMBERSHIP

(TO BE FILLED OUT BY A COMPANY OFFICER FOR APPLICANTS WHO ARE AT LEAST 16; BUT NOT YET 18 YEARS OF AGE)

I understand that students registered and participating in classes and courses conducted by the Maryland Fire and Rescue Institute, University of Maryland must be at least sixteen years of age. I certify that the individual named above has been officially accepted into our emergency services department and is at least sixteen years old. The individual is thereby covered by our by-laws for personal behavior, and by our health, accident and other appropriate insurance policies for personal protection. I further understand that the Maryland Fire and Rescue Institute has in its program regulations, the requirements that all students admitted to classes must remain active members in good standing of their respective departments. If the student named in this form has his/her membership revoked or suspended within the duration of this course, I will notify the Maryland Fire and Rescue Institute in writing at the earliest opportunity.

EMS/Fire Company Official's Signature _____ Date _____

PROOF OF PROTOCOL PROFICIENCY

(TO BE FILLED OUT BY THE EMS OPERATIONAL PROGRAM FOR USE OF NREMT FOR RENEWAL OF MARYLAND CERTIFICATION)

I hereby certify that the above named individual has completed the most recent protocol updates and is proficient with the current edition of the Maryland Medical Protocols for Emergency Medical Services Providers

EMS Operational Program Signature _____ Date _____

MFRI COURSES ONLY

By my signature, I:

1. Acknowledge that any fraudulent entry may be considered sufficient cause for rejection or subsequent revocation from this course.
2. Understand the University of Maryland is not authorized to provide travel, medical, or health insurance for students. I maintain appropriate insurance on an individual basis. I will check my department's insurance policy to determine if I am sufficiently and appropriately covered.
3. Understand that this registration is not to be regarded as an irrevocable contract between the student and the University of Maryland.
4. Have received the following for class use: (if applicable, initialize on the lines provided)
_____ A copy of the rules and regulation pertaining to this course.
Course text (check which type):
_____ New _____ Used _____ Refused
_____ Student Manual
_____ Other (specify) _____
5. Affirm and declare that I am physically and mentally fit to perform all tasks within this course.

Applicant Signature _____ Date _____