

Change Notice Instructions

Riverside County Fire Department
Volunteer Services Program
16902 Bundy Avenue
Suite 213-C
Riverside, CA 92518

September 1, 2009

Change Notice Instructions

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Change Notice Instructions

1.0 Overview

The Change Notice form should be completed by the VFC President or assigned Supervisor, and/or Volunteer Member and returned to the Volunteer Services Program office. It is the assigned or acting supervisor's responsibility to see that the form is completed correctly. Questions regarding completion of the forms should be directed to the Volunteer Services Program office.

2.0 Purpose

Use this document to record a change of address, change of name, change of telephone number, add a new volunteer member, transfers, change of rank, leave of absence, separation, etc. Complete all sections that apply, then date and sign. Attach any documentation you feel is necessary.


RIVERSIDE COUNTY FIRE DEPARTMENT

VOLUNTEER MEMBER CHANGE NOTICE

Effective Date of Change: _____		<input type="checkbox"/> New Member		<input type="checkbox"/> Reinstatement		<input type="checkbox"/> Transfer		<input type="checkbox"/> Separation		<input type="checkbox"/> Personal Change									
Volunteer's Name _____						Station No. _____													
New Member Information																			
Address _____																			
Street Address _____			Space/Apt# _____			City _____			State _____			Zip Code _____							
Home Phone _____			Mobile Phone _____			E-Mail _____													
Date of Birth _____		Last 4 of SSN _____		DC/ID No _____		DC/ID Exp. Date _____		State based _____		DC Class Type _____									
Rank: <input type="checkbox"/> Firefighter Recruit <input type="checkbox"/> Fire Apparatus Engineer <input type="checkbox"/> Water Tender Operator Trainee <input type="checkbox"/> Chaplain Team Leader <input type="checkbox"/> Firefighter Trainee <input type="checkbox"/> Fire Captain <input type="checkbox"/> MEOC Tech I <input type="checkbox"/> Chaplain <input type="checkbox"/> Firefighter Certified <input type="checkbox"/> Lieutenant <input type="checkbox"/> MEOC Tech II <input type="checkbox"/> Chaplain Trainee <input type="checkbox"/> Firefighter Crew Leader <input type="checkbox"/> Breathing Support Operator <input type="checkbox"/> MEOC Tech III <input type="checkbox"/> Auxiliary <input type="checkbox"/> Certified Pump Operator <input type="checkbox"/> Water Tender Operator <input type="checkbox"/> MEOC Tech IV																			
Medical						Equipment													
Specialty: <input type="checkbox"/> EMT / Exp. Date _____						<input type="checkbox"/> Engine													
<input type="checkbox"/> 1* Responder / Exp. Date _____						<input type="checkbox"/> Squad Operator													
<input type="checkbox"/> PSFA / Exp. Date _____						<input type="checkbox"/> Runner w/vehicle (4WD)													
<input type="checkbox"/> CPR / Exp. Date _____						<input type="checkbox"/> Water Tender Operator													
<input type="checkbox"/> Breathing Support Operator						<input type="checkbox"/> Mobile Emergency Operations Center													
<input type="checkbox"/> Emergency Communication Center						<input type="checkbox"/> Other _____													
<input type="checkbox"/> W-4 <input type="checkbox"/> I-9 <input type="checkbox"/> Photo copy of DL/ID <input type="checkbox"/> Photo copy of proof of identification (I-9) <input type="checkbox"/> Emergency Notification Information (CDE91)																			
Change(s) for Current Volunteer																			
Type																			
<input type="checkbox"/> Address Change <input type="checkbox"/> Phone Number Change: <input type="checkbox"/> Home <input type="checkbox"/> Mobile <input type="checkbox"/> Transfer <input type="checkbox"/> Promotion/Demotion * (Complete Specialty Section, if applicable) <input type="checkbox"/> Other																			
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">From</th> <th style="width: 50%;">To</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> </tr> </tbody> </table>												From	To						
From	To																		
Leave of Absence																			
Educational		Personal		Medical Leave-Self/Family		Military Leave		Seasonal Fire Job		Other									
Begin Leave _____		Return from Leave _____																	
Separation																			
Voluntary		Involuntary		Reason for separation: _____		Separation Date _____		Last day reported for duty _____											
Comments _____																			
Volunteer FF Print Name _____				Volunteer FF Signature _____				Date _____											
Supervisor/Designated Manager Print Name _____				Supervisor/Designated Manager Signature _____				Date _____											

Distribution: Volunteer Services Program, Volunteer Member, Station File

Rev 09/09-Rev01

Change Notice Instructions

3.0 Introduction to Form Sections

3.1 Effective Date of Change (Top Section)

This section is to be completed by the VFC President or assigned Supervisor to report an activity to a Volunteer Member.

Effective Date of Change: _____ New Member Reinstatement Transfer Separation Personal Change

Volunteer's Name _____ Station No. _____

3.2 New Member Information

Complete this section for all **NEW** or **REINSTATED** volunteer members. All sections must be completed by Volunteer Member and VFC President or assigned Supervisor. Completion of additional forms will be required (i.e. W4, I9, etc.). Refer to the *Volunteer Operating Policy Section 2.12* for more information on **VOLUNTEER FIREFIGHTER REINSTATEMENT**.

Address _____
Street Address Space/Apt# City State Zip Code

Home Phone _____ Mobile Phone _____ E-Mail _____

Date of Birth Last 4 of SSN DL/ID No. DL/ID Exp. Date State Issued DL Class Type

Rank:	<input type="checkbox"/> Firefighter Recruit	<input type="checkbox"/> Fire Apparatus Engineer	<input type="checkbox"/> Water Tender Operator Trainee	<input type="checkbox"/> Chaplain Team Leader
	<input type="checkbox"/> Firefighter Trainee	<input type="checkbox"/> Fire Captain	<input type="checkbox"/> MEOC Tech I	<input type="checkbox"/> Chaplain
	<input type="checkbox"/> Firefighter Certified	<input type="checkbox"/> Lieutenant	<input type="checkbox"/> MEOC Tech II	<input type="checkbox"/> Chaplain Trainee
	<input type="checkbox"/> Firefighter Crew Leader	<input type="checkbox"/> Breathing Support Operator	<input type="checkbox"/> MEOC Tech III	<input type="checkbox"/> Auxiliary
	<input type="checkbox"/> Certified Pump Operator	<input type="checkbox"/> Water Tender Operator	<input type="checkbox"/> MEOC Tech IV	

Specialty:	Medical		Equipment	
	<input type="checkbox"/> EMT / Exp. Date _____	<input type="checkbox"/> Engine	<input type="checkbox"/> Breathing Support Operator	
	<input type="checkbox"/> 1 st Responder / Exp. Date _____	<input type="checkbox"/> Squad Operator	<input type="checkbox"/> Mobile Emergency Operations Center	
	<input type="checkbox"/> PSFA / Exp. Date _____	<input type="checkbox"/> Runner w/vehicle (4WD)	<input type="checkbox"/> Emergency Communication Center	
	<input type="checkbox"/> CPR / Exp. Date _____	<input type="checkbox"/> Water Tender Operator	<input type="checkbox"/> Other _____	

W-4 I-9 Photo copy of DL/ID Photo copy of proof of identification (I-9) Emergency Notification Information (CDF31)

Change Notice Instructions

3.3 Change(s) for Current Member

This section(s) is to be completed by the volunteer member:

- Address Change
- Phone Number Change
- Other
 - Change of Name
 - Changes to emergency contact(s)
 - Medical certification or recertification; also complete the ‘Specialty / Medical’ section under ‘New Member Information’
 - Other items not listed

This section(s) to be completed by the VFC President or assigned Supervisor

- Transfer
 - Forward copy of the Change Notice and Volunteer’s station records to new assigned station
- Promotion / Demotion *
 - If applicable, also complete section ‘Specialty / Equipment’, under the ‘New Member Information’ section

	Medical	Equipment
Specialty:	<input type="checkbox"/> EMT / Exp. Date _____ <input type="checkbox"/> 1 st Responder / Exp. Date _____ <input type="checkbox"/> PSFA / Exp. Date _____ <input type="checkbox"/> CPR / Exp. Date _____	<input type="checkbox"/> Engine <input type="checkbox"/> Squad Operator <input type="checkbox"/> Runner w/vehicle (4WD) <input type="checkbox"/> Water Tender Operator
		<input type="checkbox"/> Breathing Support Operator <input type="checkbox"/> Mobile Emergency Operations Center <input type="checkbox"/> Emergency Communication Center <input type="checkbox"/> Other _____

- Other
 - Correction to volunteer profile data (i.e. seniority, name, etc.)
 - Add/delete/update to Medical / Equipment Specialty
 - Other items not listed

Type	From	To
<input type="checkbox"/> Address Change		
<input type="checkbox"/> Phone Number Change: <input type="checkbox"/> Home <input type="checkbox"/> Mobile		
<input type="checkbox"/> Transfer		
<input type="checkbox"/> Promotion / Demotion * (Complete Specialty Section, if applicable)		
<input type="checkbox"/> Other _____		

3.3.1 Leave of Absence

This section should be completed when taking or returning from a leave of absence. To be completed by Volunteer Member, exempt if related to hospitalization, in this case, form must be completed by the VFC President or assigned Supervisor.

Leave of Absence Begin Leave _____ Return from Leave _____

Educational Personal Medical Leave-Self/Family Military Leave Seasonal Fire Job Other _____

Change Notice Instructions

3.3.2 Separation

This section should be completed when a volunteer member voluntary or involuntary terminates his/her status as an active volunteer member. To be completed by Volunteer Member and VFC President or assigned Supervisor. Refer to the *Volunteer Operating Policy Section 2.11* for more information on this topic.

Separation Separation Date _____ Last day reported for duty _____
 Voluntary Involuntary Reason for separation: _____

Reason for separation options:

Code	Description
VPR	Voluntary-Personal Reasons
VRL	Voluntary-Relocation
VRT	Voluntary-Retirement
VRS	Voluntary-Return to School
VCC	Voluntary-Career Change
VML	Voluntary-Medical Illness
VMF	Voluntary-Family Illness
VQN	Voluntary-Quit w/o notice
VSJ	Voluntary-Seasonal Career Job
VCR	Voluntary-Permanent Career Job
VOT	Voluntary-Other *Specify reason
VUK	Voluntary-Unknown
IAT	Involuntary-Attendance
IVC	Involuntary-Violation of Company Policy
ITR	Involuntary-Unable to meet training requirements
IRO	Involuntary-Reorganization
IDC	Involuntary-Dissolution of Company
IOT	Involuntary-Other *Specify reason
UNK	Unknown

4.0 Comments

This section should be used to provide additional information.

Comments _____

Change Notice Instructions

5.0 Acknowledgement / Approval Signatures

The VFC President or assigned Supervisor must approve any formal changes. Electronic files are not accepted, unless the signed copy is converted to a 'PDF' format.

Volunteer FF Print Name	Volunteer FF Signature	Date
Supervisor/Designated Manager Print Name	Supervisor/Designated Manager Signature	Date

6.0 Distribution

The VFC President or assigned Supervisor, and/or Volunteer Member should make 3 copies of the completed Change Notice form. 1) 1 copy should remain at the station; 2) 1 copy should be sent to the Volunteer Services Program by Facsimile or Battalion Mail or USPS; 3) 1 copy should be provided to the Volunteer Member for his/her records.

Address Information:

Battalion Mail (sealed envelope)

Volunteer Services Program
CTC – Mail Stop #2900

USPS Mail

Volunteer Services Program
Riverside County Fire Department
16902 Bundy Avenue, Suite 213-C
Riverside, CA 92518

Facsimile

Volunteer Services Program
(951) 486-7610

Electronic Mail (signed PDF files only)

RVC.volunteers@fire.ca.gov