Volunteer / Call Firefighter

Volunteer/ Call EMS Provider

**Availability Certification Form**

I certify that I am available and willing to respond to emergency and non-emergency calls, that may or may not involve a person with COVID-19, during the below time period. Should I become unavailable or unwilling to respond, I agree to notify the organization designee immediately.

|  |  |
| --- | --- |
| Organization |  |
| Available From (MM/DD/YY) |  | Available To (MM/DD/YY) |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Date: |  | Signed: |  |
| Name: |  |  |  |  |
| *Last* | *Suffix* | *First* | *Middle* |
| Legal Address: |  |  |  |  |
| Street | City/Town | State | Zip |

Record Retention of this form:

Between the Effective Date and the date three (3) years after the Completion Date, at any time during the Awardee’s normal business hours, and as often as the State shall demand, the Awardee shall make this form available to the State. The Awardee shall permit the State to audit, examine, and reproduce such records, and to make audits of all contracts, invoices, materials, payrolls, records of personnel, and other information relating to all matters covered by this Agreement*. (Awardee as stated in this paragraph means municipality or county.)*