



**NIAGARA COUNTY
FIRE COORDINATOR &
EMERGENCY SERVICES OFFICE**
5574 Niagara Street Ext.
P.O. Box 496
Lockport, NY 14095-0496

JONATHAN SCHULTZ
Fire Coordinator
Director of Emergency Services

(716) 438-3171
(716) 438-3173 Fax

Applicant Name: _____
please print

2019 NIAGARA COUNTY WAIVER AND AGREEMENT

Fire Chiefs: Please **initial** for each approved team membership below with the understanding that members may respond to, train or standby within any contiguous and non-contiguous County within NYS or Territory of the USA and the Province of Ontario, Canada.

_____ Fire Investigation Team
_____ Haz-Mat Team
_____ Technical Rescue Team

I, the undersigned, hereby enter into the following agreement with the Niagara County team as indicated at the bottom of this form:

1. I understand that service in the Team is strictly on a volunteer basis without expectation of financial remuneration.
2. I understand that service in the Team shall not interfere and/or conflict with any other employment.
3. I acknowledge and agree that insurance coverage for my duties in the Niagara County team shall be underwritten by the fire department of which I am a member, in the event said dept. does not participate in the County Insurance Plan.
4. I agree to make myself reasonably available to the Niagara County Team for assignments and required training.
5. I agree to complete and file all required reports and related documents in a timely manner.
6. I understand that this waiver/agreement must be filed annually with the Niagara County Team.

Applicant Signature/Fire Co.

Date

Fire Chief Signature/Fire Co.
(print and sign)

Date

*Fax to: 716-438-3173 or
email to: karen.thompson@niagaracounty.com*