



**NIAGARA COUNTY  
FIRE COORDINATOR &  
EMERGENCY SERVICES OFFICE**  
5526 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:** \_\_\_\_\_

## 2020 NIAGARA COUNTY WAIVER AND AGREEMENT

Fire Chiefs: Please initial for approval of your company/ dept. member to join Fire Police Team.  
\_\_\_\_\_ Fire Police 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

**Email Address:** \_\_\_\_\_

\_\_\_\_\_  
Fire Chief Signature/Fire Co.

\_\_\_\_\_  
Date

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