AGREEMENT FOR SERVICE AS LOCAL BATTALION FIRE CHIEF
NORTHWEST ARCTIC BOROUGH FIRE DEPARTMENT

This is an agreement (the “Agreement”) to perform volunteer firefighting services as a local battalion chief between the Northwest Arctic Borough Fire Department (“NABFD”) and __________________________ (“Battalion Chief”). NABFD has accepted the Battalion Chief as a qualified volunteer serving under the terms of this Agreement.

1. **Appointment as Battalion Chief.** The Battalion Chief agrees to serve as the local community battalion fire chief for the NABFD in the community of __________________________. In performance of this service, the Battalion Chief agrees the terms of this Agreement and to provide the services described in Exhibit A – Scope of Work.

2. **Performance of Services.** The Battalion Chief understands that he is a representative of the NABFD, and agrees to conduct himself in a professional manner. Inappropriate conduct, insubordination, and failure to abide by NABFD rules and regulations will result in disciplinary action and suspension and/or termination.

3. **Status.** The Battalion Chief understands and agrees to serve as a volunteer, without the expectation of payment for services.

4. **Stipend.** The Battalion Chief shall receive a quarterly stipend in the amount of $2,250.00 (Note: the IRS considers this “income” that you will have to pay taxes on – BE PREPARED TO SET ASIDE A PORTION OF THIS STIPEND FOR TAXES).

5. **Reimbursement.** The Battalion Chief is entitled to reimbursement by the NABFD for reasonable expenses directly related to performance of official duties that have been pre-approved by the NABFD Fire Chief. The Battalion Chief must submit timely receipts for expense reimbursement.

6. **Termination.** This Agreement may be terminated by either party for any reason, at any time but shall remain in effect from year to year until terminated. Notice of termination must be received in writing and shall become effective upon receipt.

The parties agree to the terms and conditions herein:

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<thead>
<tr>
<th>Battalion Chief</th>
<th>Northwest Arctic Borough Representative</th>
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<tr>
<td>Name:___________</td>
<td>Name:______________________________</td>
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<tr>
<td>Date:____________</td>
<td>Date:______________________________</td>
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<td>Updated form: 9/29/2020</td>
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EXHIBIT A
SCOPE OF WORK

The Agreement for Service as a Local Battalion Chief requires the Battalion Chief to perform the following duties and functions as local battalion chief of the NABFD:

1. Serve as the Incident Commander and operational leader of volunteer firefighters.

2. Discipline and train local volunteer firefighters through routine and regular exercises and demonstrations. (NABFD has a video library available for battalion use and a list of online training resources.)

3. Complete FEMA’s Incident Command System (ICS) Training Courses 100, 200, 700, and 800 – available for free at [http://training.fema.gov/is/crslst.asp](http://training.fema.gov/is/crslst.asp)

4. Fulfill all NABFD reporting requirements for fire responses. The Borough is required by state law to make these reports, and information will also be used for National Fire Incident Reporting System (NFIRS) reports.

5. Hold monthly meetings of the local battalion and document the meeting through formal meeting minutes and/or written meeting notes.

6. Work with NAB Fire Coordinator to implement fire prevention and education programs every October during National Fire Prevention Week.

7. Work with NAB Fire Coordinator to schedule and coordinate training for volunteers on a regular basis.

8. Maintain ongoing retention program for existing volunteer firefighters and recruitment of new volunteer firefighters.

9. Ensure that all fire fighting equipment and assets are properly stored, maintained, used, and returned after usage, including submittal of an annual inventory on or before the first day of the fiscal year (July 1). Additionally, an ongoing “equipment request list” of equipment needs will be submitted with the monthly reporting requirements.

10. Appoint and notify a second in command officer whenever the Battalion Chief is out of town.

11. Provide the NAB Fire Coordinator with an annual list of active volunteer firefighters on or before December 31 in order to comply with the State of Alaska’s requirement for annual registration of the Department.

12. Provide for recognition of volunteer firefighters who regularly participate in monthly meetings, trainings and/or exercises through the NAB Fire Department through request of the NAB Fire Coordinator.

13. Work with the community VPSO/VPO to ensure immediate response on all emergency calls.

Northwest Arctic Borough
FIRE DEPARTMENT
Ambler Buckland Candle Deering Kiana Kivalina
Kobuk Noatak Noorvik Selawik Shungnak

MISSION:
Firefighting capability in each village is developed to ensure that
loss of life and property is dramatically reduced

APPLICATION FOR POSITION OF
LOCAL BATTALION CHIEF

Name: ___________________________ DOB _______ SSN _______________________

Address: ____________________________________________
Street/PO Box City State Zip Code

What certifications do you hold as a fire fighter?

Do you have any past experience as a Fire Chief? Explain.

Have you ever served in other leadership positions? Explain.

What is the largest group of people you have ever supervised?

Are you willing to get additional training to better qualify yourself as a Chief?

Do you have any physical conditions, which may limit you in the performance of your duties as Battalion
Chief? If yes, please explain.

EDUCATION
School Name Location Yrs. Completed Field of Study Degree Diploma?

High School _____________________________________________

College _______________________________________________

Business _______________________________________________

Vocational ______________________________________________

P.O. Box 1110; Kotzebue, Alaska 99752 • (907) 442-2500 • Fax (907) 442-2930 • www.nwabor.org
In case of an emergency, whom should we contact?

Name:__________________________________House #____________________

Home Phone:________________________Work Phone____________________

MILITARY SERVICE

Dates_____________________________Branch__________________________________

Duty/Specialized Training__________________________________________________

Reserve Unit____________________Meeting Dates__________________________

If my application is accepted and I enter into a Memorandum of Agreement to act as Battalion Chief for my community, I understand that I will be agreeing to:

- Abide by all local, state, and federal and OSHA requirements for emergency responders, always ensuring the safety of firefighters.

- Abide by the rules and regulations of the NABFD.

- Allow the NABFD to conduct a background investigation, including but not limited to: academic credential(s) and license(s) (status, expiration dates, and related disciplinary actions), credit reports, criminal conviction records, driving records, and professional references. A form authorizing such a background check must be signed as part of this application process.

- Be supportive of the NABFD in community affairs, keeping in mind that the health and safety of the citizens of the community and the prevention of fire are the primary task of all members of the NABFD.

- Give as freely of my time and energies to the NABFD as I am able.

- Maintain a professional attitude and patient confidentiality with regards to all emergency calls and information that I may be privileged to my duties.

- Obey the commands and instructions of my superior officers, to the best of my abilities, while on the emergency scene, in the station, and during all NABFD activities.

- Provide leadership, by example, for all Volunteer Fire fighters under my supervision.

______________________________
Applicant Signature

______________________________
Date Signed

______________________________
Borough Approval

______________________________
Date Approved
Northwest Arctic Borough
FIRE DEPARTMENT
Ambler Buckland Candle Deering Kiana Kivalina Kobuk Kotzebue Noatak Noorvik Selawik Shungnak

MISSION:
Firefighting capability in each village is developed to ensure that loss of life and property is dramatically reduced

AUTHORIZATION TO PERFORM VARIOUS BACKGROUND CHECKS

I, ________________, am an applicant for membership in the Northwest Arctic Borough Fire Department, ________________ Battalion. As part of the application process, I authorize the Northwest Arctic Borough Fire Department and the Northwest Arctic Borough to conduct a background check on me. The background check may include, but is not limited to, verification of employment information, contacting work or personal references, checking my driving record, verifying my academic credentials and/or licenses, or checking my criminal record.

In authorizing any and/or all of these background checks, I specifically release the Northwest Arctic Borough Fire Department and the Northwest Arctic Borough (and their respective employees, agents, and/or representatives) from any liability that may arise from conducting said background checks.

Printed name of applicant

Applicants Social Security #

Signature of Applicant

Date signed

Applicant’s date of birth

Printed name of Witness

Witness Signature

Date Signed

P.O. Box 1110; Kotzebue, Alaska 99752 • (907) 442-2500 • Fax (907) 442-2930 • www.nwabor.org
STATE OF ALASKA  
DEPARTMENT OF PUBLIC SAFETY  
REQUEST FOR CRIMINAL JUSTICE INFORMATION  
From the Alaska Criminal History Record Repository  

Original forms must be submitted to:  
Criminal Records and Identification Bureau  
5700 E. Tudor Road, Anchorage, AK 99507  
Telephone: (907) 269-5767 Fax: (907) 269-5091 (RSAs only)  
Include fee: $20 single copy, $5 each additional copy  
Check or money order must be made payable to ‘State of Alaska’

Type of information being requested (from other than the record subject): (Choose ONE)

☐ 1. Criminal Justice Information available to ANY PERSON for ANY PURPOSE  
   □ This report includes current/open criminal charges and charges that resulted in conviction, excluding sealed records.

☐ 2. Criminal Justice Information available to an INTERESTED PERSON  
   □ This report includes all criminal charges and dispositions, excluding sealed records
   2A. If you checked item 2, the requester must provide the following information:
   I request this report for the purpose of determining whether to grant the record subject supervisory or disciplinary power over (check all that apply):
   □ Minor(s)
   □ Dependent adult(s)
   □ Title or brief description of the position under consideration:

☐ 3. Criminal Justice Information needed for another purpose authorized by federal or state law.
   Client Number: _____________________________
   If you check this box, you must provide the client number assigned by the DPS Records and Identification Bureau.
   To obtain a client number, you must provide the applicable state or federal statute to this office for review and approval prior to submitting this request.

A check or money order payable to the State of Alaska in the amount of $20 must accompany this request. Additional copies, if requested at the time of this request, may be obtained for an additional $5 per copy. State agencies with a Reimbursable Services Agreement (RSA) in place may fax the appropriate forms. All other requests must be submitted via U.S. Postal Service or in person.

Subject Name: __________________________________________
Maiden/Alias name(s): _____________________________
Mailing Address: _____________________________________
City/State/Zip: ______________________________________
Alaska Drivers License #: _____________________________
Date of Birth: ___________________________ Telephone: ___________________________
Sex: [ ] Male  [ ] Female  Soc Sec No. _____________________________
Telephone: ___________________________ Msg: _____________________________

To be completed by the record subject: "I authorize the release of my criminal justice information record, (described above) to the named requester."

Signature of subject: _____________________________ Date Signed: _____________________________

Requester Name: ______________________________________
Title: ______________________________________________
Business/Agency: ____________________________________
Mailing Address: ____________________________________
City/State/Zip: ______________________________________
Date of Birth: ___________________________ Telephone: ___________________________
Sex: [ ] Male  [ ] Female  Soc Sec No. _____________________________
Telephone: ___________________________ Msg: _____________________________

The requested record will be mailed to the above named individual at the listed address. If you would like the record faxed, check the box below:

[ ] Fax Number: _____________________________

Signature of requester: _____________________________ Date Signed: _____________________________

Unsworn Falsification Statement (Your request will not be processed if you do not sign this statement.)  
I certify under penalty of unsworn falsification (AS 11.56.210) that the information I am supplying on and with this form is true and correct.

Record Subject's Signature _____________________________  Date _____________________________
### Request for Criminal Justice Information

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<thead>
<tr>
<th>Fee Payment Type</th>
<th>Report Sent to Subject</th>
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<tbody>
<tr>
<td>Fee Waiver/Authorization</td>
<td>Report Sent to Requester</td>
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<tr>
<td>OCA Number</td>
<td>R&amp;I Staff initials</td>
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</tbody>
</table>

**Criminal Records and Identification Bureau Use Only**

Authority:

- AS 11.56.210 - Unsworn Falsification
- AS 12.62.160 – Release and Use of Criminal Justice Information; fees
- AS 12.62.900 – Definitions
- 13 AAC 68 Article 4 – Dissemination of Criminal Justice Information
- 13 AAC 68.905 – Definitions

**DPS Form 11/15/03**

- Revised 2/09/04
- Revised 3/01/04
- Revised 4/20/04
- Revised 11/15/04
- Revised 1/13/05
- Revised 7/27/06
Request for Taxpayer Identification Number and Certification

Given Form to the requester. Do not send to the IRS.

Go to www.irs.gov/FormW9 for instructions and the latest information.

1. Name (as shown on your income tax return). Name is required on this line; do not leave this line blank:

2. Business name/disregarded entity name, if different from above:

3. Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes:
   - [ ] Individual/sole proprietor or single-member LLC
   - [ ] C Corporation
   - [ ] S Corporation
   - [ ] Partnership
   - [ ] Trust/estate
   - [ ] Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) in the appropriate box above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded for federal tax purposes or another LLC that is not disregarded from the owner for federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

4. Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):
   - [ ] Exempt payee code (if any)
   - [ ] Exemption from FATCA reporting code (if any)

5. Address (number, street, and apt. or suite no.) See instructions. Requester’s name and address (optional)

6. City, state, and ZIP code

7. List account number(s) here (optional)

Part I  Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see How to get a TIN, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see What Name and Number To Give the Requester for guidelines on whose number to enter.

<table>
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<th>Social security number</th>
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Or

<table>
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<th>Employer identification number</th>
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Part II  Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.