

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:

Battalion Chief

Northwest Arctic Borough Representative

Name: _____

Name: _____

Date: _____

Date: _____

Updated form: 9/29/2020

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/crslist.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.
14. Visit school classrooms to educate children on fire safety issues.



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	_____	_____	_____	_____

Other _____

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

**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
- 2.A. 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: _____

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.** _____

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

Criminal Records and Identification Bureau Use Only	
<input type="checkbox"/> Fee Payment Type _____	<input type="checkbox"/> Report Sent to Subject _____
<input type="checkbox"/> Fee Waiver/Authorization _____	<input type="checkbox"/> Report Sent to Requester _____
<input type="checkbox"/> OCA Number _____	<input type="checkbox"/> R&I Staff initials _____

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

**Give Form to the
 requester. Do not
 send to the IRS.**

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

Print or type. See Specific Instructions on page 3.	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. <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ Note: Check the appropriate box in the line 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 from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. 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. <input type="checkbox"/> Other (see instructions) ▶ _____	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) _____ <i>(Applies to accounts maintained outside the U.S.)</i>
	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.

Social security number					
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 5%; text-align: center;">-</td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 5%; text-align: center;">-</td> <td style="width: 40%; border: 1px solid black; height: 20px;"></td> </tr> </table>		-		-	
	-		-		
or					
Employer identification number					
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 5%; text-align: center;">-</td> <td style="width: 70%; border: 1px solid black; height: 20px;"></td> </tr> </table>		-			
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Part II Certification

Under penalties of perjury, I certify that:

- 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
- 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
- I am a U.S. citizen or other U.S. person (defined below); and
- 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.

Sign Here	Signature of U.S. person ▶	Date ▶
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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-INT (interest earned or paid)

- 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.