Sylvan Beach Fire District
908 Main Street, Sylvan Beach, NY 13157
Standard Sylvan Beach Fire Department / District
Mutual Aid Firefighter Agreement

DATE: _____
FIREFIGHTER: _____
HOME DISTRICT: _____
Mutual Aid - NYS GML 209-1 (1.a) Department: _____

The **Home Fire District / Department** (above) agrees to permit the above named firefighter to "volunteer on an ongoing basis" with the above Mutual Aid - NYS GML 209-1 (1.a) Fire Department" under the terms of NYS General Municipal Law 209-1.

Furthermore the Home Fire District / Fire Department confirms that the above named firefighter is current in terms of OSHA/PESH and annual refresher training designed to maintain safe and proficient firefighter knowledge, skills and abilities in accordance with 29 CFR 1910. 156 (c) (2).

Evaluation / Classification of this firefighter relative to their capabilities to perform Interior Operations, to operate Emergency Vehicles (drive), to operate Equipment (pumps, tools, etc.) and other required skills for the Mutual Aid Department shall be the responsibility of the Mutual Aid Department.

This Agreement also recognizes that unlike a full "Department" response mutual aid situation, NYS Volunteer Firefighters Benefit Law (VFBL) coverage of an "Individual" firefighter under a NYS GML 209-1 (1-a) "bunk-in" program or "occupation / regular location based" program is the responsibility of the Mutual Aid Department / District and not the Home District / Department in accordance with NYS GML 209-1 (1-a) and as noted on the NYS Workers Compensation Board FAQ webpage.

Furthermore, should the above named firefighter be injured while performing VFBL covered activities for the Mutual Aid Department, and should there be a discrepancy between the Home and Mutual Aid Department Compensation carriers as to coverage responsibility, it will be the duty of the named firefighter to resolve this discrepancy with the NYS Workers Compensation Board (participation in NYS Compensation Hearing(s)).

This agreement will terminate should the above named firefighter no longer be an "Active" member of the Home Fire Department or upon written notice of any the parties signatory to this Agreement:

Mutual Aid Dept./ District Commissioner
(or other Authorized Party): _____

Home Fire Department Chief: _____

Mutual Aid Department Chief: _____

Firefighter (as named above): _____

NOTE: THERE ARE 4 COPIES OF THIS AGREEMENT - EACH OF THE ABOVE PARTIES HAVE A SIGNED COPY