

Georgia Firefighters' Pension Fund

2171 East View Parkway • Conyers • Georgia • 30013-5756
Phone: 770-388-5757 or 1-866-374-0788 Fax: 678-413-4227

Volunteer Service Affidavit

Member #: _____ Member Name: _____

Department: _____

Service Dates

For This Year Start Date: ____/____/____ to End Date: ____/____/____

DEPARTMENT:

A. Total Department / Station Activity Hours
(All Training, Drills, and Meetings Offered)

B. Total Department / Station Pension Eligible Calls
(Eligible Calls as defined by the Fire Chief)

C. Total Department / Station Points
(A+B)

D. Points Required for Pension Creditable Service
(50% of C)

**Any number in red
indicates non-credit**

MEMBER:

E. Member's Department/Station Activity Attendance
(Must be greater than 25% of (A) and shall be no less than 24 hours)
(Minimum)

F. Member's Call Attendance
(Must be greater than 25% of (B))
(Minimum)

G. Member's Station Duty Points
(1 Point per 2 hour block of Station Duty and shall be no more than 25% of D)
(Maximum)

H. Member's Additional Training Points
(1 Point per hour of additional training and shall be no more than 25% of D)
(Maximum)

I. Member's Pension Eligible Points
(E+F+G+H)

Member's Annual Attendance Percentage
(Must be greater than or equal to 50% to earn pension creditable service)
Any number in red indicates non-credit

I certify and affirm that the above named member **(DID)** or **(DID NOT)** meet all requirements as set forth in O.C.G.A. 47-7 for the above dates.

I hereby state under oath that the information presented in this form is true and correct. I affirm that the Department did not fail to hold at least eight (8) hours of training, drills, and meetings per month for any three months during the above dates of service. I acknowledge that if any examination of the records of the Department reveals that this Affidavit is incorrect, the Fund may revoke any credit for service to the above named member. I further acknowledge that O.C.G.A. 47-7-126 (a) provides that any person who knowingly makes any false statement in an attempt to defraud the Fund shall be guilty of a crime.

Signature of Chief and Date

Signature of Member and Date