


**DISCLOSURE BY MUNICIPAL EMPLOYEE
OF PART-TIME, CALL OR VOLUNTEER SERVICES
TO A POLICE, FIRE, RESCUE OR AMBULANCE DEPARTMENT
AS REQUIRED BY G. L. c. 268A, § 20(f)**

	YOUR MUNICIPAL POSITION
Name:	Alan Ganapol 1
Municipal position	Tri-Town EMT
Agency/Department:	Tri-Town Ambulance
Agency Address:	Chilmark Town Hall
Office Phone	(508) 693-4992
Office E-Mail	tritownclerical@vineyard.net
	YOUR SERVICES TO A POLICE, FIRE, RESCUE OR AMBULANCE DEPARTMENT
What police, fire, rescue or ambulance department will you work for?	Name of the agency you serve CFD
	COMPLETE THIS QUESTION ONLY IF THE DEPARTMENT IS IN A CITY. <u>X</u> I certify that the City has a population of fewer than 35,000 inhabitants as determined by the most recent United States census.
	I will provide services on the following basis: <u>X</u> Part-time ___ Call ___ Volunteer
What work will you do for the department?	Emergency Medical Responder training and certiofocation (aka First Responder)
What will you be paid for doing this work?	\$500/participant
Employee signature	
Date:	1/25/2019

**WRITTEN CERTIFICATION BY THE HEAD
OF THE POLICE, FIRE, RESCUE OR AMBULANCE DEPARTMENT**

I hereby certify that no employee of this agency is available to do the work described above as part of his regular duties.

Agency:	
Position:	
Signature:	
Date:	

**APPROVAL OF EXEMPTION BY THE CITY COUNCIL,
BOARD OF SELECTMEN, BOARD OF ALDERMEN OR DISTRICT PRUDENTIAL COMMITTEE**

Signature:	
Date:	

Attach additional pages if necessary.

File your signed form with the completed Certification and Approval with the clerk of the city, town or fire district.