

# APPENDIX D

## Westchester Volunteer H.E.R.R.O. Program Sponsoring Agency Tracking Form

Name of Applicant: \_\_\_\_\_

Agency/Dept.: \_\_\_\_\_

Semester of Application: ☐ Spring ☐ Summer ☐ Fall Year: \_\_\_\_\_

The above named applicant of the Westchester Volunteer H.E.R.R.O program has met the minimum criteria required to apply for the H.E.R.R.O. program as listed and confirmed below:

- ☐ Responded to emergency response calls, and
- ☐ Attended required departmental training including OSHA training and drills and exercises, etc: and;
- ☐ The above volunteer has met all agency criteria and is an active member in good standing per our agencies bylaws.

**OR**

- ☐ The above volunteer has met all agency criteria set forth by the department for an active volunteer.

Please describe qualifying criteria of applicant: \_\_\_\_\_

---

---

---

I, \_\_\_\_\_, \_\_\_\_\_ of the \_\_\_\_\_  
(Name of Officer) (Rank of Officer) (Agency Name)

hereby attest that \_\_\_\_\_ has met the criteria listed above and can apply  
(Applicant Name)

for the H.E.R.R.O. program for the semester of \_\_\_\_\_ in the \_\_\_\_\_ year.  
(Spring/Summer/Fall) (Year of school)

Officer's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Officer's phone number: \_\_\_\_\_

Officer's E-mail: \_\_\_\_\_