

NJ-TF1

Application Package

Thank you for your interest in becoming a member of New Jersey Task Force - 1 (NJ-TF1). **NJ-TF1** is a volunteer Urban Search and Rescue team authorized and funded by the New Jersey State Police, Office of Emergency Management.

NJ-TF1 conforms to the US&R Operational Procedures developed by FEMA. **NJ-TF1** is a 71 person task force comprising six major functional elements (planning, search, rescue, medical logistics and haz-mat) and associated supervisory positions. It is anticipated that each of the 71 positions on the team will be staffed three (3) deep, thereby, increasing the overall membership to 213 persons.

Your application and attached documents will be reviewed by members of the **NJ-TF1** selection committee. Your application package will be reviewed for all training and certifications relevant to your assignment on the team (i.e., medical specialists, canine search specialists, technical search specialists, etc.).

Please complete enclosed application package and forward to:

Primary Task Force Leader
New Jersey State Police/NJ-TF1
Joint Base McGuire-Dix-Lakehurst, CR#547
Hangar #4, Bldg #118
Lakehurst, NJ 08733

Applications should be filled out using all the highlighted fields and then printing the completed package. (this package supercedes any documents previously submitted)

– **NJ-TF1 Critical Tasks and Fitness Standard Form**

This document must be reviewed and signed by your personal physician. The physician is certifying that you are medically fit to participate in the physical agility test. The physical agility test will be conducted at the annual meeting and will encompass:

Crawling through a 20-foot long culvert. Upon reaching the other end, then crawling backward through the tube, returning to the point of entry.

Ascending a 35-foot extension ladder, to a position where you can touch the top rung, and descend to the ground.

Picking up a box, loaded to a gross weight of 50 pounds, and carrying it for a distance of 200 feet over a smooth, level concrete or asphalt surface without putting the load down.

Removing a 48-pound hydraulic rescue tool from the lift gate of a truck, setting the tool on the ground and then returning the tool to the lift gate ten (10) times in two (2) minutes.

Walking the length of an elevated, 12-foot long, 4" X 4" beam without stepping off.

Note: This is the physical agility test required by FEMA to be certified as a FEMA US&R Team.

– **NJ-TF1 Application Form**

This form must be filled out to standardize the files of all current and future members of the team.

Note: If you have previously submitted a resume and copies of your certificates you do not have to resubmit them. However, all other attachments are required.

– **Form W-9**

This form is required to be on file to allow the state to reimburse you for any approved costs associated with your participation on NJ-TF1.(i.e., course registration fees, out of state travel costs, equipment costs, etc.)

Instructions:

– Part I (May be typed or printed neatly)

- Type name and address
- Type social security number in #4 in the (TIN) box and Type an “X” in the social security number box.
- Sign and date on the signature line

– Part II

- Type **OT** in the blank box in #1
- Type **(732) 657-7001** in #2
- Type **O** in #'s 3 & 4
- Type **1100** in #5

– **Personnel Authorization Form**

All members of NJ-TF1 must have the supervisor of their place of employment review and sign this document. This form supercedes any other authorization form. The sole purpose of this form is to assure the leadership of NJ-TF1 that you will be available for activation during emergencies.

NJ-TF1 APPLICANT INFORMATION

Position/Assignment Requested _____

Name (First, Last, MI) _____

SSN _____ DOB _____ Height _____ Weight _____

Address _____

City/Town _____ State _____ ZIP _____

EMAIL Address _____

NOTIFICATION

Home phone _____ Business phone _____

Pager (Specify if Alphanumeric) _____

Cell phone _____ FAX _____

EMPLOYER INFORMATION

Employer _____ Position _____

Employer Address _____

City/Town _____ State _____ ZIP _____

OTHER

Physical disabilities/limitations _____

Physical condition _____ Blood Type _____

Allergies _____

Immunizations _____

PERSON TO NOTIFY IN CASE OF EMERGENCY

Name _____ Relationship _____

Address _____

City/Town _____ State _____ ZIP _____

Home phone _____

SPECIAL QUALIFICATIONS

Medical qualifications (MD, RN, Paramedic, EMT) Registration # _____

Special equipment licenses _____

Medical First Responder Training (list) _____

Amateur/Commercial radio license (call) _____ (class) _____

Profession licenses _____

QUALIFICATIONS

(Briefly describe level of training, attach highest certificate for each specialty)

First Responder/HAZMAT _____

Basic Fire Fighting (NFPA 1001) _____

Rope Rescue _____

Confined Space Rescue _____

Shoring and Stabilizing _____

Use of rescue tools (list) _____

Search operations _____

Canine operations _____

Construction techniques _____

Military experience _____

Military Aircraft experience _____

Water Rescue Training (Swift water) _____

Awareness Operations Technician Boat Operator Ice Rescue

Incident Command (ICS) training _____

I-100 I-200 I-300 I-400 I-700 I-800

CISD Training _____

Construction equipment operation (list) _____

Rigging, welding, cutting _____

Foreign Language _____

Supervisory Experience _____

Other _____

NOTES/COMMENTS/OTHER

A brief letter explaining your interest in the NJ-TF1 team would be helpful.

Signature _____ Date _____

NJ-TF1 Member Sponsor (highly recommended) _____

Also attach:

- Copy of drivers license and abstract
- Copy of your CPR/First Responder certificates
- Copy of your EMT/Paramedic/MD License (if applicable)
- Copy of your Engineering Certification (if Structural Engineer)
- Resume outlining experience

Return to: Primary Task Force Leader
 New Jersey State Police/NJ-TF1
 Joint Base McGuire-Dix-Lakehurst, CR#547
 Hangar #4, Bldg #118
 Lakehurst, NJ 08733

**New Jersey Task Force 1
Urban Search and Rescue
Critical Tasks and Fitness Standards Form**

Structural collapse search and rescue is performed in a very dangerous and physically demanding environment. Personnel must possess the stamina required to carry out sustained operations spanning many hours, often without sleep or relief.

In order for NJ-TF1 personnel to safely and effectively carry out the mission, each member must be relied upon to perform sustained, strenuous physical tasks under difficult and dangerous conditions.

Urban search and rescue operations are physically demanding. NJ-TF1 personnel must possess sufficient upper body strength to transport, handle and operate heavy tools and equipment. Every member of NJ-TF1 who enters a collapsed building must be capable of:

- negotiating rubble piles and uneven surfaces
- working in confined spaces
- climbing ladders and working at heights
- quickly exiting void spaces to escape a secondary collapse

All members of NJ-TF1 are required to be physically and medically capable of performing various urban search and rescue tasks. These tasks and other mandatory physical standards will be tested on a yearly basis. Determinations regarding NJ-TF1 member's fitness for duty must consider their ability to perform any and all of the critical tasks in a safe and efficient manner without risk of harm to the member, other team members and the public.

This evaluation measures minimal requirements. NJ-TF1 members who cannot successfully complete each part of the evaluation could quickly become a liability in an urban search and rescue environment. This evaluation has been designed to validate mission-related tasks and has been tested to ensure that it does not exclude or adversely impact any age, gender or ethnic groups.

Member's Name: _____

Address: _____

Phone #: _____

Insurance Information: _____

Please have your physician review the following critical tasks required of all members of NJ-TF1. Check the applicable box for each critical task:

- A check in the “Yes, without limitation” column indicates the member is medically capable of performing such tasks.
- A check in the “Yes, With Limitation” column indicates the member is medically capable of performing such tasks with limitation. This box should be checked if the member has a condition that is controlled by medication.
- A check in the “No” column indicates the member cannot perform the critical tasks in a safe and efficient manner due to a medical or physical condition.

If a check appears in either the “Yes, With Limitation” or “No” column, an explanation is required and must be noted in the space provided at the end of the form.

	Yes, Without Limitations	Yes, With Limitations	No
All NJ-TF1 members are required to perform each task listed below during all weather conditions and in adverse and physically hazardous locations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Crawl through a 20-foot long culvert. Upon reaching the other end, then crawl backward through the tube, returning to the point of entry.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ascend a 35-foot extension ladder, to a position where you can touch the top rung, and descend to the ground.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pick up a box, loaded to a gross weight of 50 pounds, and carry it for a distance of 200 feet over a smooth, level concrete or asphalt surface without putting the load down.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Remove a 48-pound hydraulic rescue tool from the lift gate of a truck, set the tool on the ground and then return the tool to the lift gate ten (10) times in two (2) minutes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Walk the length of an elevated, 12-foot long, 4" X 4" beam without stepping off.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Must be able to push, pull, lift, possess agility, leverage and balance to attempt rescue of team members or collapsed structure victims.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Yes, Without Limitations	Yes, With Limitations	No
Must possess the following abilities: lift, hold, carry, leverage, balance and endurance to move a team member or collapsed structure victim who cannot move under their own power.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Must possess stamina, strength, balance, endurance, leverage and upper/lower body strength to take actions in effecting a rescue.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Must possess the ability to be trained in the use of heavy hydraulic tools (grip strength, upper body strength, dexterity in wrist, hands and elbows).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Must be able to walk, sometimes for long periods of time, for long distances.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Must be able to climb over, jump over obstacles in emergency situations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Must be able to crawl under obstructions or into confined areas.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Must be able to maintain balance on uneven or narrow surfaces.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Must have good visual acuity (peripheral, depth and distance during daylight hours and during hours of darkness).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Must be able of functioning in a stressful environment without presenting any risk to oneself or others.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PHYSICIAN'S CERTIFICATION

I Have:

Reviewed the medical records of this member. Yes No

Personally examined this member. Yes No

Remarks:

Please check one of the following:

- I hereby certify that this member of NJ-TF1 is medically capable of performing all critical tasks and physical standards identified within this form without limitation and without unreasonable risk of harm to the member, other members or the public.

- I hereby certify that this member of NJ-TF1 is not medically capable of performing all critical tasks and physical standards identified within this form without limitation and without unreasonable risk of harm to the member, other members or the public.

Please provide explanation(s) for check checked within the "Yes, With Limitations" or "No" columns:

Please describe any accommodation(s) which may permit this member to perform the above tasks:

Physician's Signature _____ Date _____

Please Type or Print:

Physician's Name: _____

Address: _____

Phone Number: _____

**New Jersey Task Force 1
Urban Search and Rescue**

Personnel Authorization Form

Name: _____

Address: _____

Phone #: _____

Employer: _____

Address: _____

Phone #: _____

The individual named above is requesting to be a member of New Jersey Task Force One (NJ-TF1), an Urban Search and Rescue Team assigned to the New Jersey State Police, Office of Emergency Management. To be a participant on this team, all members are required to attend training sessions and be available for emergency deployment to man-made and/or natural disasters. I approve of the emergency activation of _____ with full understanding of the following:

- ⇒ Immunities and benefits of search and rescue team members and compensation for injuries in the line of duty are governed by state law. (See attached)
- ⇒ Salary, compensation and other benefits during activation are at the discretion of the employer and should be fully disclosed to the employee.
- ⇒ Team members may be activated for emergency response for periods up to ten (10) days

Note: NJ-TF1 is currently an asset for the State of New Jersey and has not been recognized as a FEMA team.

I agree to release the individual named above, when called upon, for emergency response when activated by the New Jersey State Police, Office of Emergency Management.

Print Name and Title of Supervisor/Department Head _____

Signature _____ Date _____

W-9/ QUESTIONNAIRE INSTRUCTIONS

The enclosed form, required by the State of New Jersey Centralized Accounting System, must be completed by Vendors who intend to do business with the State of N.J. or by State employees who are seeking reimbursement for travel or training expenses.

PART I NAME/ADDRESS

Part 1 is a W-9 form as required by the Internal Revenue Service to verify the name, address and federal identification number for payees who may receive a 1099.

If the information is correct, sign and date the form on line 6.

If the name and address is not correct, make any changes in the box to the right of the name and address.

If the taxpayer identification is incorrect (line 4), enter the correct number in the box to the right of the number. If the number is the social security number, place an X in that box. If the number is an employer identification number, place an X in that box.

PART 11 VENDOR DATA

Section 1. For the vendor listed in Part 1, place in the block the two character code that best describes the business function or type of governmental entity.

Section 2. Print the phone number, name and title of the individual completing the form.

If you are an employee of the State of New Jersey or manage a Confidential Fund or a Petty Cash Fund for a State agency, do not answer the remaining portion of the questionnaire.

Section 3. - If the vendor listed in Part 1 manufactures goods, place an "M" in the block.
- If the vendor listed in Part 1 renders a service, place an "S" in the block. This pertains to services other than health related services.
- If the vendor listed in Part 1 renders a health related services, place a "H" in the block.
- If the vendor listed in Part 1 is a governmental agency, place a "G" in the block.
- If the vendor listed in Part 1 does not belong in the four previous categories, place the letter "0" in the block and print the principal activity of your organization.

Section 4. - If the vendor listed in Part 1 is a corporation, place a "C" in the block.
- If the vendor listed in Part 1 is an association, place an "A" in the block.
- If the vendor listed in Part 1 is a sole proprietorship, place an "I" in the block
- If the vendor listed in Part 1 is a joint venture place a "J" in the block.
- If the vendor listed in Part 1 is a partnership, place a "P" in the block.
- If the vendor listed in Part I does not belong to the five previous categories, place the letter "0" in the block and print the business structure of your organization.

Section 5. - For the vendor with a N.J Address listed in Part 1, code the four digit County Municipality code that pertains to the address. Codes are listed in alphabetical order by county on the back of the W-9 form.

After the form is signed and completed, please return it to the following address:

OMB VENDOR CONTROL UNIT
PO BOX 221
TRENTON, NJ 08625

STATE OF NEW JERSEY

W-9 QUESTIONNAIRE



THE STATE OF NEW JERSEY REQUIRES COMPLETION OF THE W-9 VENDOR QUESTIONNAIRE TO VERIFY/ESTABLISH YOUR NAME, ADDRESS, AND TAXPAYER ID ON STATE RECORDS. PLEASE REVIEW THE INFORMATION BELOW, CORRECT ERRORS, AND ANSWER THE QUESTIONS PER SPECIFIC INSTRUCTIONS. RETURN THE COMPLETED FORM TO THE STATE VIA MAIL OR FAX AS SOON AS POSSIBLE.

IMPORTANT: YOU WILL NOT BE PAID BY THE STATE OF NEW JERSEY UNTIL THIS FORM IS COMPLETED, SIGNED, AND RETURNED TO THE STATE OF NJ. FOR ADDITIONAL INFORMATION CALL (609) 292-7184 OR (609) 633-8183.

PART I. NAME/ADDRESS (REMIT TO:)	REQUEST FOR TAXPAYER IDENTIFICATION NUMBER AND CERTIFICATION Enter your taxpayer identification number and indicate whether it is a social security or employee identification number by marking the appropriate box.	Return completed form to: OMB VENDOR CONTROL P O B O X 22 1 T R E N T O N , N J 08 625 F A X : (609) 984-5210
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	Make any corrections to the pre-printed data in the space provided below. Please type or print clearly.

4. Taxpayer Identification Number (TIN) (Enter your correct TIN below ONLY if it differs from the # printed in the box.)	MARK THE APPROPRIATE BOX:	
<input style="width: 100%;" type="text"/>	<input type="checkbox"/> SOCIAL SECURITY NUMBER <input type="checkbox"/> EMPLOYER IDENTIFICATION NUMBER	

5. For Employees Exempt From Backup Withholding (Contact the IRS for instructions)	Requester's name and address (optional)
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6. Certification: Under penalties of perjury, I certify th at:

(1) 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

(2) I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding.

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 of underreported interest or dividends on your tax return. For real estate transactions, item (2) does noat apply. For mortgage interest paid. the acquisition or abandonment of secured property, cancellation of debt, contributions to an IRA, and generally payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN.

Please Sign Here	Signature > _____	Date > _____
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PART II. VENDOR DATA	STATE OF NEW JERSEY VENDOR INFORMATION QUESTIONNAIRE
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1. Enter the code from the list below that best describes your business function:

<u>VENDORS</u>	<u>GOVERNMENTAL ENTITIES</u>
HC = HEALTH CARE SERVICE (NON-STATE AGENCIES) VG = VENDORS WHO SELL OR MANUFACTURE GOODS VS = VENDORS WHO RENDER A SERVICE OR VENDORS WHO RECEIVE RENT PAYMENTS OT = OTHER MISCELLANEOUS VENDORS (PLEASE SPECIFY)	AC = AUTHORITY/ COMMISSION CF = CONFIDENTIAL FUND CM = COUNTY/MUNICIPAL GOVT. CU = STATE COLLEGE/UNIVERSITY EP = NJ STATE EMPLOYEE FA = FEDERAL AGENCY FD = FIRE DISTRICT PC = PETTY CASH SA = STATE AGENCY SD = SCHOOL DISTRICT WB = W ELFARE BOARD

2. Enter Primary Contact Information Below.

PHONE: _____ NAME: _____ TITLE: _____

IF YOU ARE A NJ STATE EMPLOYEE , NJ MANAGER OF A CONFIDENTIAL FUND OR A PETTY CASH FUND, DO NOT ANSWER THE BALANCE OF THE QUESTIONNAIRE.

3. What is the principle activity of your organization?

M = MANUFACTURING H = HEALTH RELATED SERVICE C=CONSTRUCTION SERVICE AND/OR MATERIALS
 S = SERVICE G = GOVERNMENT O = OTHER (Please Specify)

4. Enter the code from the list below that best describes your organization.

C = CORPORATION I = INDIVIDUAL P = PARTNERSHIP
 A = ASSOCIATION J = JOINT O = OTHER (Please Specify)

5. Enter your 4 digit County/Municipality Code for NJ Addresses ONLY.

IMPORTANT: ANSWER ALL QUESTIONS (Please Print or Type Clearly)

CHAPTER 251

AN ACT concerning certain police, fire and emergency services , supplementing Title 40A of the New Jersey Statutes and amending R.S.34:15-43.

BE IT ENACTED *by the Senate and General Assembly of the State of New Jersey:*

C.40A:14-199 Immunities, benefits of search, rescue teams.

1. Whenever a law enforcement officer, firefighter, emergency medical technician or paramedic employed by a municipality, county, fire district or the State participates in a State, county, municipal or regional search and rescue task force or team, and that law enforcement officer, firefighter, emergency medical technician or paramedic suffers injury or death as a result of his participation in such search and rescue task force or team, he or his designee or legal representative shall be entitled to the salary, pension rights, worker's compensation, or other benefits as would have accrued if the injury or death had occurred in the performance of duties in the territorial jurisdiction in which he is employed.

As used in this section, "participate" and "participation" shall include taking part in meetings, training sessions, emergency drills, emergency responses and such other similar activities of a search and rescue task force or team whether as an employment duty of the territorial jurisdiction of employment or as a volunteer, and shall include travel to and from such activities.

In addition, such officer, firefighter, emergency medical technician or paramedic shall have the same powers, authority and immunities as law enforcement officers, firefighters, emergency medical technicians and paramedics, as the case may be, in the municipality in which the assistance is being rendered.

2. R.S.34:15-43 is amended to read as follows:

Compensation for injury in line of duty.

34:15-43. Every officer, appointed or elected, and every employee of the State, county, municipality or any board or commission, or any other governing body, including boards of education, and governing bodies of service districts, individuals who are under the general supervision of the Palisades Interstate Park Commission and who work in that part of the Palisades Interstate Park which is located in this State, and also each and every member of a volunteer fire company doing public fire duty and also each and every active volunteer, first aid or rescue squad worker, including each and every authorized worker who is not a member of the volunteer fire company within which the first aid or rescue squad may have been created, doing public first aid or rescue duty under the control or supervision of any commission, council, or any other governing body of any municipality, any board of fire commissioners of such municipality or of any fire district within the State, or of the board of managers of any State institution, every county fire marshal and assistant county fire marshal, every special, reserve or auxiliary policeman doing volunteer public police duty under the control or supervision of any commission, council or any other governing body of any municipality, every emergency management volunteer doing emergency management service for the State and any person doing volunteer work for the Division of Parks and Forestry, the Division of Fish, Game and Wildlife, or the New Jersey Natural Lands Trust, as authorized by the Commissioner of Environmental Protection, or for the New Jersey Historic Trust, who may be injured in line of duty shall be compensated under and by virtue of the provisions of this article and article 2 of this chapter (R.S.34:15-7 et seq.). No former employee who has been retired on pension by reason of injury or disability shall be entitled under this section to compensation for such injury or disability; provided, however, that such employee, despite retirement, shall, nevertheless, be entitled to the medical, surgical and other treatment and hospital services as set forth in R.S.34:15-15.

Benefits available under this section to emergency management volunteers and volunteers participating in activities of the Division of Parks and Forestry, the Division of Fish, Game and Wildlife, the New Jersey Natural Lands Trust or the New Jersey Historic Trust, shall not be paid to any claimant who has another single source of injury or death benefits that provides the claimant with an amount of compensation that exceeds the compensation available to the claimant under R.S.34:15-1 et seq.

As used in this section, the terms "doing public fire duty" and "who may be injured in line of duty," as applied to members of volunteer fire companies, county fire marshals or assistant

county fire marshals, and the term "doing public first aid or rescue duty," as applied to active volunteer first aid or rescue squad workers, shall be deemed to include participation in any authorized construction, installation, alteration, maintenance or repair work upon the premises, apparatus or other equipment owned or used by the fire company or the first aid or rescue squad, participation in any State, county, municipal or regional search and rescue task force or team, participation in any authorized public drill, showing, exhibition, fund raising activity or parade, and to include also the rendering of assistance in case of fire and, when authorized, in connection with other events affecting the public health or safety, in any political subdivision or territory of another state of the United States or on property ceded to the federal government while such assistance is being rendered and while going to and returning from the place in which it is rendered.

Also, as used in this section, "doing public police duty" and "who may be injured in line of duty" as applied to special, reserve or auxiliary policemen, shall be deemed to include participation in any authorized public drill, showing, exhibition or parade, and to include also the rendering of assistance in connection with other events affecting the public health or safety in the municipality, and also, when authorized, in connection with any such events in any political subdivision or territory of this or any other state of the United States or on property ceded to the federal government while such assistance is being rendered and while going to and returning from the place in which it is rendered.

As used in this section, the terms "doing emergency management service" and "who may be injured in the line of duty" as applied to emergency management volunteers mean participation in any activities authorized pursuant to P.L.1942, c.251 (C.App. A:9-33 et seq.), including participation in any State, county, municipal or regional search and rescue task force or team, except that the terms shall not include activities engaged in by a member of an emergency management agency of the United States Government or of another state, whether pursuant to a mutual aid compact or otherwise.

Every member of a volunteer fire company shall be deemed to be doing public fire duty under the control or supervision of any such commission, council, governing body, board of fire commissioners or fire district or board of managers of any State institution within the meaning of this section, if such control or supervision is provided for by statute or by rule or regulation of the board of managers or the superintendent of such State institution, or if the fire company of which he is a member receives contributions from, or a substantial part of its expenses or equipment are paid for by, the municipality, or board of fire commissioners of the fire district or if such fire company has been or hereafter shall be designated by ordinance as the fire department of the municipality.

Every active volunteer, first aid or rescue squad worker, including every authorized worker who is not a member of the volunteer fire company within which the first aid or rescue squad may have been created, shall be deemed to be doing public first aid or rescue duty under the control or supervision of any such commission, council, governing body, board of fire commissioners or fire district within the meaning of this section if such control or supervision is provided for by statute, or if the first aid or rescue squad of which he is a member or authorized worker receives or is eligible to receive contributions from, or a substantial part of its expenses or equipment are paid for by, the municipality, or board of fire commissioners of the fire district, or if such first aid or rescue squad has been or hereafter shall be designated by ordinance as the first aid or rescue squad of the municipality.

As used in this section and in R.S.34:15-74, the term "authorized worker" shall mean and include, in addition to an active volunteer fireman and an active volunteer first aid or rescue squad worker, any person performing any public fire duty or public first aid or rescue squad duty, as the same are defined in this section, at the request of the chief or acting chief of a fire company or the president or person in charge of a first aid or rescue squad for the time being.

Nothing herein contained shall be construed as affecting or changing in any way the provisions of any statute providing for sick, disability, vacation or other leave for public employees or any provision of any retirement or pension fund provided by law.

3. This act shall take effect immediately.

Approved October 15, 1999.