



Bedford County

DEPARTMENT OF FIRE & RESCUE



BEDFORD COUNTY VOLUNTEER FIRE & RESCUE MEMBERS' RETIREMENT PROGRAM POINT VALUE CALCULATIONS RESCUE SQUAD

Date Submitted: _____

Name: _____

Department Name: _____

Time Period Covered: _____

ACTIVITY		POINTS	TOTAL POINTS
Response To A Call (Scene)	Number of calls: _____	1 Per Call	
Running Call (Scene To Hospital)	Number of calls: _____	2 Per Call*	
Upgrade Certification	Level of Upgrade: _____	25 Per Upgrade	
Meeting Attendance	Number of Meetings: _____	1 Per Meeting**	
Stand-By	Number of Hours: _____	1 Per Hour	
Company/Squad Training	Number of Hours: _____	1 Per Hour***	
Raising Funds	Number of Hours: _____	1 Per Hour	
Maintenance	Number of Hours: _____	1 Per Hour	
Administration (Paperwork)	Number of Hours: _____	1 Per Hour	
TOTAL NUMBER OF POINTS:			

* 48 Points Minimum

** 6 Points Minimum

*** 12 Points Minimum

Member's Signature: _____

Captain's Signature: _____

Note: Please keep a copy for your records prior to submitting.

1305 FALLING CREEK ROAD, BEDFORD, VIRGINIA 24523
Phone: 540.587.0700 • Fax: 540.586.2176 • www.co.bedford.va.us



Bedford County

DEPARTMENT OF FIRE & RESCUE



BEDFORD COUNTY VOLUNTEER FIRE & RESCUE MEMBERS' RETIREMENT PROGRAM POINT VALUE CALCULATIONS FIRE DEPARTMENTS

Date Submitted: _____

Name: _____

Department Name: _____

Time Period Covered: _____

ACTIVITY		POINTS	TOTAL POINTS
Response To A Call (Scene)	Number of calls: _____	1 Per Call	
Running Call (Prolonged Incident)	Number of calls: _____	2 Per Call*	
Upgrade Certification	Level of Upgrade: _____	25 Per Upgrade	
Meeting Attendance	Number of Meetings: _____	1 Per Meeting**	
Stand-By	Number of Hours: _____	1 Per Hour	
Company/Squad Training	Number of Hours: _____	1 Per Hour***	
Raising Funds	Number of Hours: _____	1 Per Hour	
Maintenance	Number of Hours: _____	1 Per Hour	
Administration (Paperwork)	Number of Hours: _____	1 Per Hour	
TOTAL NUMBER OF POINTS:			

* 48 Points Minimum

** 6 Points Minimum

*** 12 Points Minimum

Member's Signature: _____

Chief's Signature: _____

Note: Please keep a copy for your records prior to submitting.

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