

**EMS Everyday Heroes  
Volunteer Recruitment and Retention  
Letter of Commitment**

I, the undersigned, verify that AGENCY NAME is committed to supporting Southern Tier Health Care System, Inc.'s EMS Everyday Heroes Regional EMS Volunteer Recruitment and Retention Program.

Our agency and its members will actively promote and support the EMS Everyday Heroes Volunteer Recruitment and Retention Program in our community.

We will designate at least one point of contact (POC) at our agency who will be the primary point of contact for those seeking information about the recruitment and retention program. We understand that the POC's contact information will be given to new volunteers seeking to join our agency.

The POC will act as a liason between our agency and Southern Tier Health Care System. To encourage new EMS volunteers, we will distribute outreach and educational materials provided by Southern Tier Health Care System at community events and at our agency.

Our agency will use the EMS Volunteer Application form provided by Southern Tier Health Care System, Inc. to document new volunteers and provide data necessary to ensure the success of the EMS Everyday Heroes program.

We will work with Southern Tier Health Care System, Inc. to welcome and retain new members at our agency while supporting and retaining existing agency members.

Name of Agency: \_\_\_\_\_

Point of Contact: \_\_\_\_\_

POC cell phone: \_\_\_\_\_ POC email: \_\_\_\_\_

Print Full Name/Title: \_\_\_\_\_

Signed: \_\_\_\_\_

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

