

**DeKalb County Fire Department**

**Statement of Understanding**

By providing my signature below, I hereby acknowledge that I have read and understand the contents of the DeKalb County Fire Department's Standard Operating Guidelines (SOG's) as approved by the membership of the DeKalb County Fire Department and the Legislative Body of DeKalb County, Tennessee. I understand that all provisions contained in the SOG's and policies apply to my membership in the Department. I further understand that any deviation or violation of these SOG's may result in disciplinary action that could lead to termination from the Department.

I understand that I am required to review this current amendment to the DeKalb County Fire Department's SOG's and submit this exhibit signed and dated. This form shall be signed and dated, and submitted to the Department's Secretary/Treasurer upon submission of the Application for Membership (Exhibit 9), or within 30 days of an approved amendment to these SOG's.

I hereby confirm that I agree to abide by the SOG's set forth and approved.

Signature of Member: \_\_\_\_\_

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

Date Received by Secretary: \_\_\_\_\_