

	Lower Providence Emergency Medical Service Standard Operating Guidelines	
	Subject: <i>Member Guidelines – Volunteer Counseling Form</i>	SOG #101-002F
	Approved: Chief Christopher J. Reynolds	Initiated: September 2022 Revised: N/A

Volunteer EMS Counseling Form

Member: _____

Date: _____

Reason for Counseling Session: _____

Member Explanation: _____

Corrective Actions: _____

Member Comments: _____

My signature acknowledges that I have read and understand the reasons for counseling and the consequences associated with my actions.

Training Officer	Signature	Date
Sherrri Meyers		
Additional Officer Present	Signature	Date
Member	Signature	Date
EMS Chief	Signature	Date
Chris Reynolds		
Outcome		Date:
Closed		Date: