



CITY OF LUCAS FIRE-RESCUE REHAB PROGRAM



Rehab is a volunteer group that supports Lucas Fire-Rescue during emergencies. It is composed of members who respond with equipment and supplies to provide rehabilitation services to the first responders. The Lucas Fire-Rescue Rehab may be dispatched to respond to fire scenes or other strenuous calls to provide rehabilitation support to firefighters. These efforts help ensure the physical condition of personnel on-scene does not deteriorate to a point that affects the operation's safety and integrity or the firefighter's health and safety.

To become a part of this program, you must review and sign the City of Lucas Fire-Rescue Rehab Expectations document and submit an executed copy of this document with your application. You will be contacted by a member or our team to schedule an interview. The completed forms may be emailed, faxed, mailed, or hand-delivered to the City of Lucas Fire-Rescue administration office using the information below.

City of Lucas Fire-Rescue
165 Country Club Road
Lucas, Texas 75002
Phone: 972-727-1242
Fax: 972-727-8317
email: dstevens@lucastexas.us

If you have any questions about the department or the application process, please feel free to contact the City of Lucas Fire-Rescue or visit the City of Lucas website www.lucastexas.us.



City of Lucas Fire-Rescue
Rehab
 Application



Instructions:

Complete the application and do not leave any sections blank. If questions are not applicable, enter "NA". If space is insufficient attachments are acceptable. Sign completed form and return via email to dstevens@lucastexas.us.

Name: (Last)		(First)	(Middle)
Address: (Street/City/State/Zip)			
Email Address:			
Home Phone:		Cell:	Work:
Driver's License Number/State Issued:			
Select the shifts you are available to volunteer:			
	Yes	No	Comments
Day			
Evening			
Weekday			
Weekend			
Other:			
Emergency Contact Information			
Name:		Relationship:	
Address: (Street/City/State/Zip)			
Home Phone:		Cell:	Work:

Employment History	
Current Employer:	
Address: (Street/City/State/Zip)	
Phone Number:	Start Date:
Previous Employer: (If current employer less than two years)	
Address: (Street/City/State/Zip)	
Phone Number:	Start Date:

Education	
Name:	
Type of School:	
Address: (Street/City/State/Zip)	
Dates of Attendance – From:	To:
Diploma/Degree/Certificate/License:	

Certification				
	Yes	No	Date Expires	Level/Comments
CPR				
Other				
Other				

Experience (List any previous volunteer experience)		
Location/Entity	Date From	Date To

Skills/Qualifications
(List any skills you have that might benefit the City of Lucas Fire-Rescue. (i.e., auto mechanic, computer, construction trades, foreign language skills))

Have you ever been convicted, currently charged, awaiting trial, or on probation for any criminal offense?
<input type="checkbox"/> No <input type="checkbox"/> Yes (If you answered yes, please explain below:

References		
(Please provide three references)		
Name: (Last)	(First)	(Middle)
Address: (Street/City/State/Zip)		
Email Address:		
Home Phone:	Cell:	Work:
Name: (Last)	(First)	(Middle)
Address: (Street/City/State/Zip)		
Email Address:		
Home Phone:	Cell:	Work:

References continued		
Name: (Last)	(First)	(Middle)
Address: (Street/City/State/Zip)		
Email Address:		
Home Phone:	Cell:	Work:

Attachments:

Attached photocopies of any records that may relate to emergency services. Examples include a valid CPR card, any NIMS or ICS training, and nursing or EMS related training.

Signing below indicates your understanding and acceptance of the following statements:

1. I certify that all the information provided by me in connection with this application is true and complete, and that I understand that any misstatement, falsification, or omission of information may be grounds for rejection of the applicant.
2. I understand that the City of Lucas will check with the Texas Department of Public Safety or other law enforcement agencies to verify driving or other records in accordance with applicable statutes.
3. I authorize any persons or organizations referenced in this application to give the City of Lucas all information concerning my previous or current employment, education, or other information. I release all such parties from all liability of any damages that may result from furnishing such information to the City of Lucas.
4. I authorize the City of Lucas to conduct a background check, drug screening test, and understand a medical physical will be required.

Signature	
Name:	Date:



CITY OF LUCAS FIRE-RESCUE VOLUNTEER REHAB EXPECTATIONS



These are the expectations of all volunteer Rehab members for the City of Lucas Fire-Rescue

- All volunteers must be at least 18 years of age.
- All volunteers must have a valid high school diploma or GED.
- All volunteers agree to the following:
 - Agree for the City of Lucas to complete a background check and drug screening.
 - Successfully complete City of Lucas Fire-Rescue Emergency Vehicle Operations Course (EVOC).
 - Have a valid Texas Driver's license to be checked off to operate the Rehab vehicle (Rehab 861) and complete the Texas Department of Safety DR-1 form and submit to Human Resources for permission to operate any City of Lucas vehicles. Human Resources runs a Driver's License check annually for all who operate city vehicles.
 - Be familiar with all equipment on Rehab 861, which is a city-owned vehicle dedicated for Rehab use, and how to use it.
 - Be familiar with Rehab's process and procedures.
 - Attend at least 50% of scheduled meetings per calendar year. Meetings are once per month.
 - Attend at least 1 live fire, car fire or another firefighter training per calendar year.
 - Participate in at least 2 Rehab-related events such as Open House, National Night Out, Founder's Day, Rehab 861 Readiness Checklist etc. per calendar year.
- It is required that Rehab members complete the National Incident Management (NIMS) courses 100 and 200 and recommended to complete NIMS 700 and 800.
- The City of Lucas Fire-Rescue name and logo shall not be displayed in any manner unbecoming of the department.
- I recognize that all citizens and fire department personnel with whom I encounter have an expectation of privacy. Per the City of Lucas Policy and the United States Health Insurance Portability and Accountability Act (HIPPA), I will conduct myself in a manner which protects their privacy. I undertake and agree to keep any and all information learned in the course of my duties confidential. I will hold such information in the strictest confidence. Any release of information verbally, in writing, or via social media will be grounds for immediate removal from Rehab.
- All issued gear and uniforms are property of the City of Lucas Fire-Rescue. If you leave the department you must return all gear and uniforms.

Rehab group has a limited number of positions available for members. Failure to meet the volunteer expectations as stated above could result in the volunteer being asked to give up their position to a more active member.

Date: _____

Volunteer's Printed Name: _____

Volunteer's Signature: _____