



## 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](mailto: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](http://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](mailto:dstevens@lucastexas.us).

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

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

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

<b>Certification</b>				
	Yes	No	Date Expires	Level/Comments
CPR				
Other				
Other				

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

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

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

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

<b>References continued</b>		
<b>Name: (Last)</b>	<b>(First)</b>	<b>(Middle)</b>
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.

<b>Signature</b>	
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: \_\_\_\_\_

# TEXAS DPS

## APPLICATION FOR COPY OF DRIVER RECORD



**MAIL TO: Texas Department of Public Safety, Box 149008, Austin, TX 78714-9008**

DO NOT MAIL CASH. Mail check or money order payable to: Texas Department of Public Safety

Any questions regarding the information on this form should be directed to the Contact Center at 512-424-2600. Allow 2-3 weeks for delivery.

### Check Type of Record Desired

### FEE

<input type="checkbox"/> 1. Name – DOB – License Status – Latest Address.	\$ 4.00
<input type="checkbox"/> 2. Name – DOB – License Status – 3 Year Record only lists Crashes/Moving Violations.	\$ 6.00
<input type="checkbox"/> 2A. CERTIFIED version of #2. This Record is Not acceptable for a Defensive Driving Course (DDC).	\$ 10.00
<input type="checkbox"/> 3. Name – DOB – License Status – Record of ALL Crashes/Violations. <b>Furnished to Licensee Only.</b>	\$ 7.00
<input type="checkbox"/> 3A. CERTIFIED version of #3. <b>Furnished to Licensee Only and is Acceptable for DDC.</b>	\$ 10.00
<input type="checkbox"/> 4. Abstract Record – Certified abstract of completed driver record.	\$ 20.00
<input type="checkbox"/> Other: (Original Application, DWLI, etc.)   _____	\$     .00 (If Required)

### Mail Driver Record To: (Please Print or Type)

Requestor's Last Name \_\_\_\_\_ Requestor's First Name \_\_\_\_\_

Street Address \_\_\_\_\_ Texas Driver License Number \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Daytime Telephone Number (include area code) \_\_\_\_\_

### If requesting on behalf of a business, organization, or other entity, please include the following:

Name of business, organization, entity, etc. \_\_\_\_\_

Your Title or Affiliation with above \_\_\_\_\_

Type of business, organization, etc. (i.e., insurance provider, towing company, private investigation, firm, etc.) \_\_\_\_\_

### Information Requested On:

Texas Driver License Number \_\_\_\_\_ Date of Birth   /  /             Suffix (SR., JR., etc.) \_\_\_\_\_

Last Name \_\_\_\_\_

First Name \_\_\_\_\_

Middle Name/Maiden Name \_\_\_\_\_

### Individual's Written Consent For ONE TIME Release to Above Requestor

(Requestor, if you do not meet one of the exceptions listed on the back of this form, please be advised that without the written consent of the driver license/ID card holder, the record you receive will not include personal information.)

I, \_\_\_\_\_, hereby certify that I granted access on this one occasion to my Driver License/ID Card record, inclusive of the personal information (name, address, driver identification number, etc.) to \_\_\_\_\_

Signature of License /ID Card Holder or Parent /Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

### State and Federal Law Requires Requestors to Agree to the Following:

In requesting and using this information, I acknowledge that this disclosure is subject to the federal Driver's Privacy Protection Act (18 U.S.C. Section 2721 et seq.) and Texas Transportation Code Chapter 730. False statements or representations to obtain personal information pertaining to any individual from the DPS could result in the denial to release any driver record information to myself and the entity for which I made the request. Further, I understand that if I receive personal information as a result of this request, it may only be used for the stated purpose and I may only resell or redisclose the information pursuant to Texas Transportation Code §730.013. Violations of that section may result in a criminal charge with the possibility of a \$25,000 fine.

I certify that I have read and agree with the above conditions and that the information provided by me in this request is true and correct. If I am requesting this driver record on behalf of an entity, I also certify that I am authorized by that entity to make this request on their behalf. I also acknowledge that failure to abide by the provisions of this agreement and any state and federal privacy law can subject me to both criminal and civil penalties.

Signature of Requestor \_\_\_\_\_ Date \_\_\_\_\_

**If you are not requesting a copy of your own record or do not have the written consent of DL/ID holder, you must provide the information requested on the reverse.**

Important Instructions – Read Carefully

The Texas Department of Public Safety may disclose personal information to a requestor without written consent of the DL/ID holder, on proof of their identity and a certification by the requestor that the use of the personal information is authorized under state and federal law and that the information will be used only for the purpose stated and in complete compliance with state and federal law.

**You must meet one or more of the following exceptions if you do not have written consent of the DL/ID holder to be entitled to receive personal information on the above named individual. Please *initial* each category that applies to the requested driver record.**

- \_\_\_\_\_ 1. For use in connection with any matter of (a) motor vehicle or motor vehicle operator safety; (b) motor vehicle theft; (c) motor vehicle emissions; (d) motor vehicle product alterations, recalls, or advisories; (e) performance monitoring of motor vehicles or motor vehicle dealers by a motor vehicle manufacturer; or (f) removal of nonowner records from the original owner records of a motor vehicle manufacturer to carry out the purposes of the Automobile Information Disclosure Act, the Anti Car Theft Act of 1992, the Clean Air Act, and any other statute or regulation enacted or adopted under or in relation to a law included in the above.
- \_\_\_\_\_ 2. *(Valid for Certified Abstract)* For use by a government agency in carrying out its functions or a private entity acting on behalf of a government agency in carrying out its functions.
- \_\_\_\_\_ 3. For use in connection with a matter of (a) motor vehicle or motor vehicle operator safety; (b) motor vehicle theft; (c) motor vehicle product alterations, recalls, or advisories; (d) performance monitoring of motor vehicles, motor vehicle parts, or motor vehicle dealers; (e) motor vehicle market research activities, including survey research; or (f) removal of nonowner records from the original owner records of motor vehicle manufacturers.
- \_\_\_\_\_ 4. For use in the normal course of business by a legitimate business or an authorized agent of the business, but only to verify the accuracy of personal information submitted by the individual to the business or the authorized agent of the business and to obtain correct information if the submitted information is incorrect to prevent fraud by pursuing a legal remedy against, or recovering on a debt or security interest against the individual.
- \_\_\_\_\_ 5. *(Valid for Certified Abstract)* For use in conjunction with a civil, criminal, administrative, or arbitral proceeding in any court or government agency or before any self regulatory body, including service of process, investigation in anticipation of litigation, execution or enforcement of a judgement or order, or under an order of any court.
- \_\_\_\_\_ 6. For use in research or in producing statistical reports, but only if the personal information is not published, redisclosed, or used to contact any individual.
- \_\_\_\_\_ 7. For use by an insurer or insurance support organization, or by a self insured entity, or an authorized agent of the entity, in connection with claims investigation activities, antifraud activities, rating or underwriting.
- \_\_\_\_\_ 8. For use in providing notice to an owner of a towed or impounded vehicle.
- \_\_\_\_\_ 9. For use by a licensed private investigator agency or licensed security service for a purpose permitted as stated on this page.
- \_\_\_\_\_ 10. *(Valid for Certified Abstract)* For use by an employer or an authorized agent or insurer of the employer to obtain or verify information relating to a holder of a commercial driver license that is required under 49 U.S.C. Chapter 313.
- \_\_\_\_\_ 11. For use in connection with the operating of a private toll transportation facility.
- \_\_\_\_\_ 12. For use by a consumer-reporting agency as defined by the Fair Credit Reporting Act (15 U.S.C. §1681 et seq.) for a purpose permitted under the Act.
- \_\_\_\_\_ 13. For any other purpose specifically authorized by law that relates to the operation of a motor vehicle or to public safety.  
Please state specific statutory authority \_\_\_\_\_
- \_\_\_\_\_ 14. For use in the preventing, detecting, or protecting against identity theft or other acts of fraud. The Department prior to release of personal information may require additional information.

Below is an example of how numbers and letters should be written on front of this form:



1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 0 |

A | B | C | D | E | F | G | H | I | J | K | L | M | N | O | P | Q | R | S | T | U | V | W | X | Y | Z |