



POTENTIAL MEMBER PACKET

[Abstract](#)

This document is to be used as a guideline for the process to join Houston County Rescue Unit. Please review this packet and, should you choose to proceed, provide all necessary documentation to the membership@houstoncountyrescue.org



WELCOME

Thank you for showing interest in joining Houston County Rescue Unit!

HCRU was formed in 1963 by volunteers just like yourself and has been in service to the citizens of Houston County ever since. HCRU is primarily a search and rescue / recovery unit. We assist other agencies when called upon for both water and land-based SAR operations. We look forward to your assistance in making HCRU the best it can be!

The following is a guideline to membership:

Potential members must complete and sign a current HCRU membership application. The application must be turned into a board member. All applications will be reviewed at the next regularly scheduled board meeting. Please attach a copy of current photo identification and any certifications you have that may help during the application process. Applications require unanimous approval by the board to proceed. Once approved the President or Vice President will contact the applicant and invite them to the next regularly scheduled HCRU monthly meeting. This meeting is held on the 2nd Thursday of each month. All new applicants must attend a minimum of 3 meetings before the application review and membership vote can be made by the general membership. Along with the application, all applicants must submit to a full background check and drug/alcohol screening. Applicant shall provide certifications in CPR, First Aid, AED, and NIMS 100,200,700, and 800 prior to the general membership vote. Instructions for NIMS courses is included at the end of this packet.

MISSION STATEMENT

Houston County Rescue Unit was established in 1963 and is a designated 501(C)3 non-profit organization.

Houston County Rescue Unit is dedicated to all SAR operations. While we are mostly known for our Public Safety Dive Team, we are also highly trained in Swift Water Rescue, and Land Based Search Operations.

We provide assistance to Local, State, and Federal Law Enforcement Agencies, Emergency Management Agencies, and Fire Departments upon request. Houston County Rescue Unit is available 24 hours a day, 7 days a week, 365 days a year.

All members of Houston County Rescue Unit are volunteers.



MEMBERSHIP APPLICATION

GENERAL INFORMATION

Name _____ SSN _____ - _____ - _____ DOB _____
Street Address _____ City, State _____ Zip _____
Home Phone _____ Cell Phone _____ Work Phone _____
Cell Provider _____ Email Address _____

EMERGENCY INFORMATION

Emergency Contact _____ Phone _____
Blood Type _____ Donor (If needed) YES NO Allergies _____
Medical Conditions _____ Insured By _____

EMPLOYMENT INFORMATION

Occupation _____ Employer _____
Street Address _____ City, State _____ ZIP _____
Phone _____ Contact _____

VEHICLE INFORMATION

Make _____ Model _____ Color _____ Tag No. _____

Do you own a boat? YES NO May it be utilized if needed? YES NO Description _____

Note: Vehicles and watercraft offered for use by members generally are not covered by HCRU liability policies.

SPECIAL TRAINING *(Select Yes or No. If yes, please explain)*

YES NO Communications _____
 YES NO Medical _____
 YES NO CPR / AED _____
 YES NO EVOC / EVD _____
 YES NO Boating _____
 YES NO Swift Water Rescue _____
 YES NO Surface Water Rescue _____
 YES NO Rope Rescue _____
 YES NO Drone / UAV _____
 YES NO Land Search & Rescue _____
 YES NO Firefighter _____
 YES NO Law Enforcement _____



YES NO Military _____

YES NO Technical Rescue _____

YES NO USAR _____

Dive Team Training

YES NO Scuba Diver (If yes, explain below)
 Certification Level _____ No. of Dives _____ Own equipment? YES NO

YES NO Line Tending _____

Other Training

Other Training Not Mentioned: _____

Other Personal Equipment: _____

General Questions

- Do you have any public safety experience? YES NO
 - If Yes, Explain: _____
- Are you willing to advance your education and qualifications in accordance with HCRU SOP's & SOG's to better serve the community? YES NO
 - If Yes, what training are you immediately interested in?

- Are you willing to attend required amount of business meetings, training drills and annual training events in accordance with HCRU SOP's & SOG's? YES NO
- Are you willing to obey all traffic laws when responding to and from the station or scene? YES NO

Felony Conviction Statement

- Have you ever been convicted of or plead guilty to a Felony Offense? YES NO
 (A Felony conviction may not automatically exclude you from consideration)
- If you answered Yes to the previous question, please indicate date(s) of conviction(s), and explain:

Military Service Statement

- Have you ever been involuntary discharged from any branch of the military? YES NO
 (Involuntary Discharge may not automatically exclude you from consideration)
- If you answered Yes to the previous question, please indicate Branch, date(s) and explain:



References

List two (2) professional references:

1. Name: _____ Phone Number: _____
 2. Name: _____ Phone Number: _____

List two (2) HCRU members as references:

1. Name: _____
 2. Name: _____

Recommended for membership by: _____

Submission

Completed application and ALL attachments (Certifications, Licenses, and Resume) can be submitted using the following methods:

- Mail to 1234 Enon Road, Webb, AL 36376
- Email to membership@houstoncountyrescue.org
- Handed directly to a Houston County Rescue Unit member in a sealed envelope.

Closing Statement

What makes you an asset to Houston County Rescue Unit and the citizens we serve?

By my signature I hereby certify the above information to be true and fact, and I agree to abide by the HCRU Constitution, Bylaws, SOP's & SOG's.

Signature of Applicant

Printed Name of Applicant

Date

FOR ADMINISTRATIVE USE ONLY

Application: Approved _____ Rejected _____ Date ____/____/____ HR No. _____



CONFIDENTIALITY AGREEMENT

I understand that Houston County Rescue Unit, as an organization and through its members, trainees, observers, and others who have occasion to observe or to participate in the organization's activities, has a legal and ethical responsibility to maintain the privacy, to protect the confidentiality, and to safeguard the protected health information of its patients. In addition, I understand that during the course of my employment/affiliation/observation with Houston County Rescue Unit, I may see or hear confidential information such as operational or individual information that Houston County Rescue Unit is obligated to maintain as confidential. As a condition of my employment/affiliation/observation with Houston County Rescue Unit, I understand that I must sign and comply with this agreement.

By signing this document, I understand and agree that:

1. I will disclose confidential information only if such disclosure complies with Houston County Rescue Unit policies and applicable law and is required for the performance of my employment/affiliation/observation. If I have any question about whether disclosure of confidential information is permissible, I will immediately ask my supervisor for clarification. I understand that it is my obligation to act in accordance with all laws, regulations, policies, and directives relating to confidential information.
2. I will not access or view any information other than the information that is required to do my job. If I have any question about whether access to certain information is required for me to do my job, I will immediately ask my supervisor for clarification.
3. I will not discuss any confidential information in an area where unauthorized individuals may hear such information (for example, in hallways, in the station, or where members of the public are present). I understand that it is not acceptable to discuss any patient care information in public areas even if specifics such as a name are not used.
4. I will not inquire about or facilitate the relay of any confidential information for any individual or party who does not have proper authorization to access such information.
5. I will not make any unauthorized transmissions, copies, disclosures, inquiries, modifications, deletion, or purging of confidential information. Such unauthorized transmissions include, but are not limited to, removing, and/or transferring confidential information from the Houston County Rescue Unit computer system(s) to unauthorized locations (for instance, home, unless specifically authorized).
6. I understand that it is my obligation to take all actions necessary to ensure that my personal access code(s), user ID(s), access keys and passwords used to access computer systems or other equipment are kept confidential at all times. Upon termination of my employment/affiliation/observation with the Houston County Rescue Unit, I will immediately return to the Houston County Rescue Unit all property issued to me by the Houston County Rescue Unit (keys, documents, ID badges) and all property obtained by me as a result of my employment/affiliation/observation with the Houston County Rescue Unit.
7. I agree that my obligations under this agreement regarding confidential information continue after the termination of my employment/affiliation/observation with the Houston County Rescue Unit. I understand that violation of this Agreement may result in disciplinary action, up to and including termination of my employment/affiliation/observation with the Houston County Rescue Unit and/or suspension, restriction or loss of privileges, in accordance with Houston County Rescue Unit policies, as well as potential personal civil and criminal legal penalties under applicable law. I have read the above agreement and agree to comply with all its terms as a condition of continuing my employment or affiliation, or privilege of observation.

Signature of Potential Member

Printed Name

Date

Signature of Witness

Printed Name

Date



AUTHORIZATION FOR BACKGROUND CHECK

Please read and sign this form in the space provided below. Your written authorization is necessary for completion of the application process.

I hereby authorize HOUSTON COUNTY RESCUE UNIT, INC to investigate my background and qualifications for purposes of evaluating whether I am qualified for the position for which I am applying. I understand that HOUSTON COUNTY RESCUE UNIT, INC will utilize an outside firm or firms to assist it in checking such information, and I specifically authorize such an investigation by information services and outside entities of the company's choice. I also understand that I may withhold my permission and that in such a case, no investigation will be done, and my application for employment will not be processed further.

The following information is required by law enforcement agencies for positive identification purposes when checking public records. It is confidential and will not be used for any other purpose.

Please, print other names you have used

Social Security Number

Date of Birth (MM/DD/YYYY)

Home Address

City

State

Zip

**Please list any additional addresses where you have lived at within the last 10 years on a separate sheet of paper*

Driver's License Number and State

Name as it appears on License

Signature of Applicant

Date

Applicant's Full Name - Printed



DRUG AND/OR ALCOHOL TESTING CONSENT FORM

MEMBER AGREEMENT AND CONSENT TO DRUG AND/OR ALCOHOL TESTING

I hereby agree, upon a request made under the drug/alcohol testing policy of HOUSTON COUNTY RESCUE UNIT, INC (HCRU), to submit to a drug or alcohol test and to furnish a sample of my urine, breath, and/or blood for analysis. I understand and agree that if I at any time refuse to submit to a drug or alcohol test under company policy, or if I otherwise fail to cooperate with the testing procedures, I will be subject to immediate dismissal. I further authorize and give full permission to have HCRU and/or the organization physician send the specimen or specimens so collected to a laboratory for a screening test for the presence of any prohibited substances under the policy, and for the laboratory or other testing facility to release any and all documentation relating to such test to HCRU and/or to any governmental entity involved in a legal proceeding or investigation connected with the test. Finally, I authorize HCRU to disclose any documentation relating to such test to any governmental entity involved in a legal proceeding or investigation connected with the test.

I understand that only duly-authorized HCRU officers, board members, and agents will have access to information furnished or obtained in connection with the test; that they will maintain and protect the confidentiality of such information to the greatest extent possible; and that they will share such information only to the extent necessary to make employment decisions and to respond to inquiries or notices from government entities.

I will hold harmless HCRU, its organization physician, and any testing laboratory HCRU might use, meaning that I will not sue or hold responsible such parties for any alleged harm to me that might result from such testing, including loss of membership or any other kind of adverse action that might arise as a result of the drug or alcohol test, even if an HCRU or laboratory representative makes an error in the administration or analysis of the test or the reporting of the results. I will further hold harmless HCRU, its organization physician, and any testing laboratory HCRU might use for any alleged harm to me that might result from the release or use of information or documentation relating to the drug or alcohol test, as long as the release or use of the information is within the scope of this policy and the procedures as explained in the paragraph above.

This policy and authorization have been explained to me in a language I understand, and I have been told that if I have any questions about the test or the policy, they will be answered.

I UNDERSTAND THAT HCRU WILL REQUIRE A DRUG SCREEN AND/OR ALCOHOL TEST UNDER THIS POLICY WHENEVER I AM INVOLVED IN AN ON-THE-JOB ACCIDENT OR INJURY UNDER CIRCUMSTANCES THAT SUGGEST POSSIBLE INVOLVEMENT OR INFLUENCE OF DRUGS OR ALCOHOL IN THE ACCIDENT OR INJURY EVENT, AND I AGREE TO SUBMIT TO ANY SUCH TEST.

Signature of Applicant

Date

Applicant's Name - Printed

HCRU Representative

Date



NATIONAL INCIDENT MANAGEMENT SYSTEM

INTRODUCTION

National Incident Management System (NIMS) is the culmination of more than 40 years of efforts to improve interoperability in incident management. This work began in the 1970s with local, state, and Federal agencies collaborating to create a system called Firefighting Resources of California Organized for Potential Emergencies (FIRESCOPE). FIRESCOPE included ICS and the Multiagency Coordination System (MACS). In 1982, the agencies that developed FIRESCOPE and the National Wildfire Coordinating Group (NWCG) created the National Interagency Incident Management System (NIIMS), in part to make ICS guidance applicable to all types of incidents and all hazards. Under Homeland Security Presidential Directive #5 (February 2003), the Federal government created the National Incident Management System (NIMS). This system directed the creation of a comprehensive, national approach to incident management. Recognizing the value of these systems, communities across the Nation have adopted NIMS.

STEP-BY-STEP GUIDE

1. Applicant shall first register for a FEMA Student Identification Number (SID)
 - a. <https://cdp.dhs.gov/femasid>

What is a FEMA SID?
FEMA Student Identification (SID) number is a unique number generated and assigned to anyone who needs or is required to take training provided by a FEMA organization. Your FEMA SID uniquely identifies you throughout the FEMA organization and all of its agencies. The goal is for your FEMA SID to serve as your personal identification number instead of your Social Security Number (SSN) in support of FEMA's effort to decrease/cease the use of SSN for identifying and tracking individuals.

Why do I need a FEMA SID?
A FEMA SID is required to register for and participate in any training provided by FEMA. All FEMA training providers' registration systems and enrollment.

2. Once a FEMA SID has been created, the applicant shall proceed to the following web addresses for the HCRU required courses.
 - a. ICS-100: Introduction to the Incident Command System
 - <https://training.fema.gov/is/courseoverview.aspx?code=IS-100.c>
 - b. ICS-200: ICS for Single Resources and Initial Action Incidents
 - <https://training.fema.gov/is/courseoverview.aspx?code=IS-200.c>
 - c. IS-700: National Incident Management System, An Introduction
 - <https://training.fema.gov/is/courseoverview.aspx?code=IS-700.b>
 - d. IS-800: National Response Framework, An Introduction
 - <https://training.fema.gov/is/courseoverview.aspx?code=IS-800.d>



- On the right-hand side of each page you will see a section that says, "TAKE THIS COURSE". Click on Interactive Web Based Course.

The Federal Emergency Management Agency continues to monitor the guidance of the Centers for Disease Control and Prevention (CDC) as it relates to COVID-19. To mitigate the spread of COVID-19, the CDC is encouraging organizations to promote social distancing, hold meetings via videoconferencing, reduce non-essential travel, and adjust or postpone events and gatherings. We also continue to evaluate the local and national situation and will provide regular updates.

Students will be notified in advance concerning the status of their on-campus course offering.

We thank you for your understanding, and we invite you to visit our extensive catalog of Independent Study Courses as well as classroom courses available by virtual delivery.

IS-100.C: Introduction to the Incident Command System, ICS 100

Course Date: 6/25/2018

Course Overview: ICS 100, Introduction to the Incident Command System, introduces the Incident Command System (ICS) and provides the foundation for higher level ICS training. This course describes the history, features and principles, and organizational structure of the Incident Command System. It also explains the relationship between ICS and the National Incident Management System (NIMS). The Emergency Management Institute developed its ICS courses collaboratively with:

- National Wildfire Coordinating Group (NWCG)
- U.S. Department of Agriculture
- United States Fire Administration's National Fire Programs Branch

Course Objectives:

At the completion of this course, you should be able to:

- Explain the principles and basic structure of the Incident Command System (ICS).
- Describe the NIMS management characteristics that are the foundation of the ICS.

TAKE THIS COURSE

[Interactive Web Based Course](#)

GLASSBORO MATERIALS

[Download Classroom Materials](#)

TAKE FINAL EXAM

Please note that the IS Program now requires a FEMA SID to be used instead of your SSN. If you do not have a SID, [register for one here](#)

[Take Final Exam Online](#)

NOTICES

Test questions are scrambled to protect test integrity

- Proceed through entire presentation by clicking the arrows at the bottom of the screen.

IS-0100.c: An Introduction to the Incident Command System, ICS 100

Lesson: Lesson 1: Course Welcome and ICS Go

Course Welcome

This course will introduce students to the Incident Command System (ICS). This system is used nationwide to manage incidents regardless of size or type.

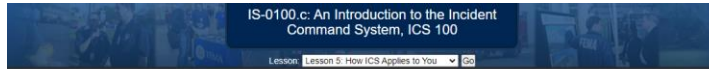
This is the first in a series of ICS courses for all personnel involved in incident management. Descriptions and details about the other ICS courses in the series may be found on our web site: <http://training.fema.gov>

Select this link to access a printable version of the entire course.

1 of 105



- At the conclusion of the training material, you will be asked to take the final exam. Click on “Take the Exam”.



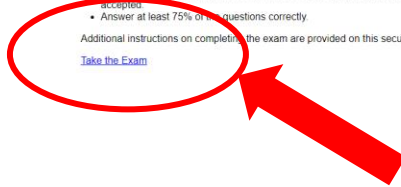
Final Exam

To receive credit for this course, you must:

- Take the final exam online at the EMI Independent Study Programs Secure exam site. Copies of the exam answer sheet will not be accepted.
- Answer at least 75% of the questions correctly.

Additional instructions on completing the exam are provided on this secure site.

[Take the Exam](#)



- On the next screen you are asked for your FEMA SID and your last name. Please enter your information and select “I Agree”.

PUBLIC BURDEN DISCLOSURE NOTICE

Public reporting burden for this data collection is estimated to average 5 hours per response for the forms completed electronically or 75 hours for forms manually completed. The burden estimate includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and submitting this form. You are not required to respond to this collection of information unless a valid OMB control number is displayed on this form. Send comments regarding the accuracy of the burden estimate and any suggestions for reducing the burden to: Information Collections Management, Department of Homeland Security, Federal Emergency Management Agency, 1500 South Bell Street, Arlington, VA 22209-3005, Paperwork Reduction Project (1660-0046) **NOTE: Do not send your completed form to this address.**

Notice:

As of April 1, 2015, the Emergency Management Institute (EMI) no longer accepts Social Security Numbers (SSN) for exam submission. FEMA has implemented the use of a Student Identification (SID) number. You will be required to obtain and use the SID to take the exam. If you do not yet have a SID, [follow these steps to register one.](#)

If you have already registered, enter your SID and Last Name.

* Student Identification (SID) Number:

* Last Name (Use the last name that you use when signing up for your SID):

I agree that completion of this examination will be an individual effort.

Do you have a FEMA issued PIV card?

If so, use your card to access the exam. You must have a FEMA SID account and your FEMA SID must be associated with your PIV card. If you do not have a FEMA SID, follow the steps at <https://icm.ema.dhs.gov/fema/register>. If you do not have a FEMA SID account, create a new FEMA SID account using your FEMA-issued PIV card with an EMI account.

Having trouble logging in with your PIV Card? Click on [this link for some help.](#)

I agree that completion of this examination will be an individual effort.

If you have PIV Card questions or issues please contact the FEMA Enterprise Service desk. The Independent Study program office cannot provide assistance with PIV Cards.

Completion of this examination is an individual effort

Organizations are encouraged to establish procedures to ensure completion of the examination is an individual effort. Personnel within an organization who feel that test answers are being improperly provided should follow their organization's measures for reporting unethical conduct.

If a student is found to have cheated on an exam, the penalty may include—but is not limited to—expulsion; foreclosure from future classes for a specified period; forfeiture of certificate for course/courses enrolled in at NETC or NTC; or all of the above in accordance with [Conduct on the NETC Campus](#). A letter notifying the student's sponsoring organization of the individual's misconduct will be sent by the appropriate official at NETC.

- Once all four tests have been completed with a satisfactory score, please print and attach the certification of completion to the HCRU application