

SULLIVAN COUNTY DIVISION OF PUBLIC SAFETY
100 NORTH STREET, PO BOX 5012
MONTICELLO, N.Y. 12701
PHONE: 845-807-0508
FAX: 845-807-0810

January 4, 2021

Sullivan County Fire Chiefs, EMS Captains, and First Responders:

Chiefs/Captains – please share this letter and enclosed application with your membership.

After the 2018 Father’s Day barn fire at Michel’s Farm in Kauneonga Lake where many mutual aid fire departments were involved in fighting the fire in high heat and humid conditions, discussions began on how and what would be needed to establish a Rehabilitation or Rehab Team for all county first responders. As you have heard in prior meetings, we have inquired regarding the interest for the team and mentioned that slow progress was being made. COVID-19 brought progress to a halt for some time, but we are happy to announce we are back on track.

Grant funding has been identified and many supplies have already been purchased. We have worked on specifications for a Multi-Purpose Vehicle to support the Rehab Team and we expect to take delivery on or before August 1, 2021.

That being said, the Rehab Team will not be a success without the support of fellow volunteer firefighters and EMS personnel. The request for the Rehab Team will not be a replacement for the jurisdiction’s EMS agency to standby at emergencies, but an additional request for longer incidents. We are looking for a few dedicated first responders that would be available to provide rehab services for other fellow first responders outside of their own district. Basic First Aid and CPR/AED is a minimal requirement. Certified First Responder or EMT experience is a plus. After additional training for team members, we hope to be able to start providing rehab services in the summer 2021. Guidance on when the Rehab Team will be operational and when it would be appropriate to request will be forthcoming.

If you have an interest in becoming a member of the Rehab Team, please complete the enclosed application, or find it on the Bureau of Fire or Bureau of EMS website, and submit no later than February 16, 2021. Applicants will need a signature on the application from your Chief or Captain acknowledging that you are a member in good standing. If you have any questions, please reach out to your respective Fire or EMS Coordinator.

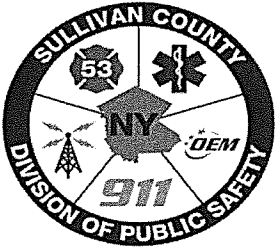
Thank you for your continued service to your communities. On behalf of the Bureau of Fire, Bureau of EMS, and the 911 Center, we hope you and your family had a Happy and Healthy Holiday Season, and we look forward to a better year this in 2021.

Sincerely,

Rick Sauer
Commissioner

John Hauschild
Fire Coordinator

Alex Rau
911/EMS Coordinator



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REHABILITATION TEAM APPLICATION

Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

E-Mail Address: _____

Agency (FD/EMS): _____

Please check all that apply:

___ Certified First Responder (CFR) Expiration Date _____

___ Emergency Medical Technician (EMT) Expiration Date _____

___ Paramedic Expiration Date _____

___ Basic First Aid/ CPR/AED Certification Expiration Date _____

___ Active member in your agency

___ Years of Service _____

___ Leadership/Officer experience _____

___ Other Medical Training _____

___ ICS 100,200,700 Training _____

I _____ agree to follow all team policies and procedures and I will provide copies of my certifications. If I violate any of these it will result in dismissal from the team.

Applicant Signature: _____

This application **MUST** be signed by your Fire Chief/Ambulance Captain. E-Mail completed application to the John.Hauschild@co.sullivan.ny.us or fax to 807-0810.

By signing this application the Fire Chief/Ambulance Captain certifies that the applicant is a member in good standing in the applicant's agency, will supply needed equipment to carry out the requirements of the team and has the Chief's/Captain's permission to respond to team calls.

Chief/Captain Print Name: _____ Date: _____

Chief/Captain Signature: _____