



## Quincy Fire Department Rehab Team Volunteer Application

The Quincy Fire Department Rehab Team program is a great opportunity for you to help your local fire and emergency services department, as well as, your community. In order to ensure that your time and talents will be best utilized, fill out the following form and return it to the Fire Chief.

Name: \_\_\_\_\_ Date of Birth: \_\_\_ / \_\_\_ / \_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Have you ever been arrested? \_\_\_\_\_ yes \_\_\_\_\_ no

Have you ever been convicted of a crime? \_\_\_\_\_ yes \_\_\_\_\_ no

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Would you be interested in being a driver? \_\_\_\_\_ yes \_\_\_\_\_ no

Has your driver's license been revoked? \_\_\_\_\_ yes \_\_\_\_\_ no

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Are you on Medical Marijuana? \_\_\_\_\_ yes \_\_\_\_\_ no



Are you available in the daytime? \_\_\_\_\_ yes \_\_\_\_\_ no

If yes, list hours available: \_\_\_\_\_

\_\_\_\_\_

Have you ever experienced a severe back injury that caused you to miss work or alter the way you physically perform certain skills? If so, please give details and a disposition of the injury now.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please list any special talents or skills:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**I have answered all of the above questions honestly and to the best of my ability.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

*On behalf of the Quincy Fire Department, we would like to thank you  
for supporting your local fire and emergency services.*

**For more information please contact Quincy Fire Department Rehab Team at  
qfd@quincyl.gov or 217-228-4459**