

Illinois Corps of Fire Chaplains (ICFC)
www.ilfirechaplains.org
MABAS Program Policy Manual

1.0 PURPOSE

1.1 In order to provide more holistic services to our firefighters, their families, fire department staff and communities, mutual aid services should be available for departmental needs, on scene support and victim assistance when a community's Chaplain is not available, a vacancy occurs or the incident requires a greater response. This manual is a guide for helping Fire Departments and Emergency Management Agencies implement a MABAS Chaplain program within their Division.

2.0 SCOPE

2.1 This policy applies to all participating ICFC member Chaplains.

3.0 BACKGROUND

3.1 Chaplains provide necessary and effective ongoing spiritual and emotional support to firefighters, their families and fire department staff as well as on-scene support for community residents during and after an incident. Beginning with a calling to serve those within the fire service and their local community, fire chaplains are trained in fire department culture and operations, pastoral care, crisis intervention, comprehensive critical incident stress management and grief support making them uniquely suited to meet additional needs that are beyond the general scope of what first responders are able to provide.

4.0 ORGANIZATION

4.1 The ICFC shall be organized under and act in accordance with the Articles of Incorporations and By Laws filed on its behalf with the Illinois Secretary of State.

5.0 MEMBERSHIP

5.1 The ICFC membership will consist of Chaplains in fire departments and emergency management agencies within the State of Illinois. .

6.0 PERSONAL PROTECTIVE EQUIPMENT (PPE) AND UNIFORM RECOMMENDATIONS

6.1 Departments are encouraged to provide/allow chaplains to be attired in the uniform of their department

- 6.2 Departments are encouraged to provide chaplains appropriate communications equipment including a pager and 2-way radio.
- 6.3 Departments are encouraged to provide appropriate PPE to chaplains including:
 - 6.3.1 Turnout gear including fire coat, bunker pants, boots, gloves and helmet with 'Chaplain' markings. (White helmet recommended)
 - 6.3.2 White reflective vest with 'Chaplain' markings
- 6.4 Department are encouraged to issue the following uniform components when available:
 - 6.4.1 Duty uniform shirt and pants
 - 6.4.2 Duty jacket appropriate for seasonal use
 - 6.4.3 Class A Uniform
 - 6.4.4 Chaplain badge and ID card
 - 6.4.5 Appropriate collar brass and nameplate
- 6.5 When department uniform is not available, follow Federation of Fire Chaplains uniform policies.

7.0 **DEPARTMENT CHAPLAIN TRAINING RECOMMENDATIONS**

The ICFC provides the following training recommendations not as a replacement for existing department policies but as a tool for structuring an effective introduction to fire department and emergency response chaplaincy.

7.1 **APPLICATION AND APPROVAL PROCESS**
(FOR LOCAL DEPARTMENT USE)

- 7.1.1 Provide application and obtain completed application
- 7.1.2 Check and record references (see reference interview form)
- 7.1.3 Verify denominational support
- 7.1.4 Review experience, training and certifications
- 7.1.5 Arrange for Interviews
 - 7.1.5.1 Psychological interview (CISM Team Member)
 - 7.1.5.2 Chaplain (Division Chaplain Coordinator or designee)
 - 7.1.5.3 Department Chief

7.2 **PROBATIONARY TRAINING**

12 weeks supervision/mentoring with an experienced Chaplain to observe and develop pastoral/interpersonal skills in varied settings.

- 7.2.1 Alarm responses
- 7.2.2 Fire and roadway incidents
- 7.2.3 Hospital and home visitation
- 7.2.4 General station visits
- 7.2.5 Station and apparatus tour
- 7.2.6 Introduction to shifts (personnel and schedule)
- 7.2.7 PPE training

- 7.2.8 Introduction to victim assistance (Red Cross, Salvation Army, etc.)
- 7.2.9 Proper donning of uniform and collar brass
- 7.2.10 Observation of tactical and EMS trainings
- 7.2.11 Minimum of one 8-hour ride along
- 7.2.12 Tour of community from department perspective
- 7.2.13 Fire department organizational structure
- 7.2.14 CPR/AED Certification
- 7.2.15 Appointment to a Department as Chaplain

7.3 **BASIC LEVEL TRAINING**

- 7.3.1 ICISF CISM Coursework Required: Group Basic, Individual Intervention and one of the following:

- 7.3.1.1 Pastoral Care Intervention,
- 7.3.1.2 Grief Following Trauma
- 7.3.1.3 Spiritual/Emotional Care

- 7.3.2 Federation of Fire Chaplains Level 100 Basic or Equivalent

- 7.3.3 ICFC Membership

- 7.3.4 NIMS IS 100, 700

- 7.4 The ICFC encourages all Chaplains to pursue ongoing training to develop skills and perspective in their chaplaincy.

- 7.5 The ICFC recommends all Chaplains pursue membership in the Federation of Fire Chaplains and The Great Lakes Fire Chaplain Training Institute.

- 7.6 The ICFC recommends that prior to be eligible for inclusion on a Chaplain Box Card, the Chaplain will have met any departmental NIMS requirements and maintain membership in the Federation of Fire Chaplains.

8.0 **BEGINNING A MABAS DIVISION CHAPLAIN COMMITTEE**

- 8.1 Make initial contact with area Chaplains within your MABAS Division and explain mutual aid goals and objectives to determine interest. For a listing of departments in MABAS Divisions, refer to <http://www.mabas.org/mabasmembers.aspx>

- 8.2 Meet individually with Chiefs or ranking officers of departments within your MABAS Division to explain holistic services and goals regarding the ICFC Chaplain Program.

- 8.3 Hold a breakfast meeting or similar event at a station within your MABAS Division to introduce/inform/encourage any Chaplains and Chiefs interested in participating to share perspectives, experiences and discuss communication methods.

- 8.4 Gather Chaplains and Chiefs interested in participation to provide support, determine availability, work out issues of mutual aid and set training guidelines.

- 8.5 Recruit additional Chaplains and refer to departmental Chiefs as needed.
- 8.6 Important considerations:
 - 8.6.1 Each department has a different history and expectation of Chaplain duties and no assumptions can be made about what duties a Chief expects his Chaplain to perform. Interest is likely to vary.
 - 8.6.2 Each Chaplain has unique gifts and ministry commitments. These may affect his/her ability and interest to dedicate the time necessary for training or mutual aid on-scene support.
 - 8.6.3 It is possible that departments may need to consider adding an additional Chaplain to accommodate mutual aid participation.
 - 8.6.4 In order to provide continuity of care, a common set of training goals should be agreed upon for all Chaplains participating. (FFC, LODD, CISM, etc)
 - 8.6.5 Each department utilizes a different method of contacting and dispatching Chaplains (tone out, alpha numeric pager, cell phone, etc.). Therefore some consistency must be agreed upon and changes implemented where necessary in order for the program to be effective. Work closely with the Chief Liaison in this and all other conversations regarding operational policy.

9.0 RECOMMENDED CHIEF LIAISON RESPONSIBILITIES

- 9.1 A Chief shall be appointed by the MABAS Division to serve as Chief Liaison.
- 9.2 Maintain a positive working relationship with the Division Chaplain Coordinator and Training Officer.
- 9.3 Use knowledge, skill and wisdom to teach Chaplains what is needed for safe and effective service to fire department personnel and victims of disasters.
- 9.4 Advocate for the Chaplain Committee as a liaison to the Division Chiefs.
- 9.5 Attend Chaplain Committee meetings as possible.
- 9.6 Promote the mission and vision of MABAS.
- 9.7 Assess needs of the Chaplains program and make recommendations for training to the Division Chaplain Coordinator and Training Officer.
- 9.8 Communicate training requirements and opportunities to all Chiefs within the Division.

10.0 RECOMMENDED DIVISION CHAPLAIN COORDINATOR RESPONSIBILITIES

- 10.1 A Chaplain shall be appointed by the Chaplain Committee as Chaplain Coordinator of the MABAS Division.

- 10.2 Serve in an active appointment as Chaplain to a department within the MABAS Division.
- 10.3 Maintain an accurate listing of all Division Chiefs, Chaplains and available contact information. <http://www.mabas.org/mabasmembers.aspx>
- 10.4 Report to and take direction from the appointed Chief Liaison to the Chaplain Committee.
- 10.5 Promote the mission and vision of MABAS.
- 10.6 Provide consistent prayerful support, presence and encouragement to Chaplains and Chiefs within the Division.
- 10.7 In close collaboration with the Chief Liaison, recommend policies and procedures for approval by the Division.
- 10.8 Communicate meeting information and agendas to all Chiefs and Chaplains within the Division.
- 10.9 Provide minutes from each Chaplain Meeting to the Chief Liaison and Chaplains within the Division.
- 10.10 Facilitate appointment of a Training Officer for the Division.
- 10.11 Supervise the Training Officer and support development of that position.
- 10.12 Encourage mutual aid and coverage among Chaplains within the Division and with other Divisions where it is reasonable and approved to do so.
- 10.13 Report needs, progress and activities to the Chief Liaison.

11.0 RECOMMENDED TRAINING OFFICER RESPONSIBILITIES

- 11.1 A Chaplain shall be appointed by the Committee as Training Officer of the MABAS Division.
- 11.2 Serve in an active appointment as Chaplain to a department within the MABAS Division.
- 11.3 Maintain an accurate listing of all Division Chiefs, Chaplains and available contact information. <http://www.mabas.org/mabasmembers.aspx>
- 11.4 Report to and take direction from the appointed Chief Liaison.
- 11.5 Maintain a positive working relationship with the Division Training Committee Chairman and Division Chaplain Coordinator.
- 11.6 Attend Chaplain Committee Meetings when possible.

- 11.7 Promote the mission and vision of MABAS.
- 11.8 Provide consistent prayerful support, presence and encouragement to Chaplains and Chiefs within the Division.
- 11.9 Assess needs of the Chaplains program and make recommendations for training to the Division Chaplain Coordinator and Chief Liaison.
- 11.10 Communicate training requirements and opportunities to all Chaplains within the Division.
- 11.11 Record training goals and records for all Chaplains within the Division.

APPENDIX A

Reference Interview Form **Date:** _____

Name of Candidate: _____

Interviewer: _____

Reference name: _____ **Phone** _____

Company name _____

1. How long have you known the applicant? In what capacity?

2. Please comment on the applicant's interpersonal skills. (How well do they work with others/as a team member?).

3. What is the applicant's greatest accomplishment in your organization?

4. What special qualities do you feel the applicant has which would make him/her a good candidate for a Chaplain within the Fire Department?

5. Would you entrust the care of a family member in crisis to this applicant? Why or why not?

6. What would you consider as the applicant's strengths?

7. What would you consider as the applicant's weaknesses?

APPENDIX B

**Illinois Corps of Fire Chaplains
FIRE CHAPLAIN CANDIDATE APPLICATION**

Name _____

Mailing Address _____
Street City State Zip

Primary Phone# () _____ - _____ - _____

Secondary Phone # () _____ - _____ - _____

Email _____ @ _____

Driver's License # _____

DOB (mm/dd/yyyy) _____

Current Employer _____

Employer Address _____

Employer Phone: _____

Title _____

Licensed/Ordained? Yes No

Church Denomination/Religious Background _____

Have you ever served as a Fire Department Chaplain? Yes No

If yes, give department, location, title and dates of service:

Federation of Fire Chaplains Member? Yes No

Person to contact in the event of any emergency:

Name _____ Relationship _____

Address _____
Street City State Zip

Phone (H) _____ Phone (W) _____

E-mail _____

REFERENCES

1. Name: _____

Address: _____

Contact Number: _____

Relationship: _____

2. Name: _____

Address: _____

Contact Number: _____

Relationship: _____

3. Name: _____

Address: _____

Contact Number: _____

Relationship: _____

Applicant Signature _____

Date ____/____/_____(mm/dd/yyyy)

(Printed name) _____

Received By: _____

On: ____/____/_____(mm/dd/yyyy)

APPENDIX C

MABAS Division Chaplain Committee Meeting

DATE

TIME

_____ FIRE DEPARTMENT

AGENDA DRAFT

1. Opening Prayer
2. Welcome and Introductions
3. Chief Liaison Report
4. Division Chaplain Coordinator Report
5. Training Officer Report
6. Box Alarm Development/Mutual Aid
7. Training Topic Presentation
8. Next Meeting Date, time and location:
9. Closing Prayer

APPENDIX D

Chief and Chaplain Breakfast Agenda Draft

0800	Check In*/Breakfast /Welcome	Chaplain Coordinator
0820	A Chaplain's Perspective	Chaplain Coordinator
0830	Power Point and Video Presentation	
0845	Introduction to Chaplain Services at Hanover Park A Fire Chief's Perspective Benefits of Holistic Services	Chief Liaison
0910	CISM and Training Opportunities Intro to CISM Training Opportunities ICISF Certification	Training Officer
0930	FFC and Fire Service Training Resources Federation of Fire Chaplains Great Lakes Fire Chaplain Training Academy Fire Department Opportunities	Training Officer
1000	Benefits of Mutual Aid Chaplain Services Current Use Vacancy/Vacation and Support Box Card Development	Chief Liaison
1015	Closing Remarks and Conversation	Chaplain Coordinator

APPENDIX E

**MABAS Division Meeting
Sign In**

Name: _____

Mailing Address:

Street City State Zip

Home phone: _____ **Work:** _____ **Cell:** _____

Email Address: _____

Department: _____ **Position:** _____

ONLY CHAPLAINS NEED TO COMPLETE THE FOLLOWING:

Dispatch Method: _____ **Pager #:** _____

FFC Member? Yes No **ICFC member?** Yes No

Name: _____

Mailing Address:

Street City State Zip

Home phone: _____ **Work:** _____ **Cell:** _____

Email Address: _____

Department: _____ **Position:** _____

ONLY CHAPLAINS NEED TO COMPLETE THE FOLLOWING:

Dispatch Method: _____ **Pager #:** _____

FFC Member? Yes No **ICFC member?** Yes No

APPENDIX F

CHAPLAIN REPORT CONTACT INFORMATION FORM

Incident Date: _____ **TIME ON-SCENE:** _____ **RETURNED:** _____

Incident Address _____ **Town:** _____

Type of Incident: _____

Chaplain Name: _____ **#** _____ **Contact #** _____

Resident Name _____ **Homeowner? Yes No**

Date of Birth _____ (DD/MM/YY) **Pets? Yes No Info:**

Address _____ **Unit #** _____ **Town** _____

HOME # _____ **WORK #** _____ **CELL #** _____

Homeowner Name _____ **Contact #** _____

Insurance Company/Phone # _____

Primary Language: (circle one) English Spanish Other _____

Other reported residents:

Name: _____ **DOB** _____ **Contact #** _____

Name: _____ **DOB** _____ **Contact #** _____

Name: _____ **DOB** _____ **Contact #** _____

Name: _____ **DOB** _____ **Contact #** _____

Primary Needs:

Resources Used: (Circle)

Red Cross **Salvation Army** **Home Church Referral** **Food Pantry** **Other** _____

Actions Taken:

Special Circumstances:

Follow Up Needed:

Temporary Housing Information:

Signature: _____ **Date:** _____