



# MABAS DIVISIONS 4 & 5 SRT

## End of Year Training Form - Swiftwater Team

Please use this form to document your SRT Swiftwater Team training for the current calendar year. Once complete, please submit your form to the SRT Office. Forms can be emailed to [cloomis@srillinois.org](mailto:cloomis@srillinois.org), faxed to (866) 560-5538 or mailed to 20 W. North Street, Hainesville, IL 60030. FORMS MUST BE TYPED (except for signatures) AND MUST BE RECEIVED BY THE SRT OFFICE NO LATER THAN 5:00 PM ON THURSDAY, JANUARY 4, 2024.

Name: \_\_\_\_\_ Calendar Year: \_\_\_\_\_

Department/District: \_\_\_\_\_

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

**\*\* SRT Swiftwater Team members are required to attend four trainings annually, \*\*  
with a minimum of two trainings being SRT Swiftwater Team trainings.**

☐ Check this box if you joined the team mid-year or were out on a leave of absence for any part of the year.

If you checked the box above, please look at the SRT Swiftwater Team Spreadsheet to determine your required number of SRT trainings and total trainings for this calendar year. The SRT Swiftwater Team Training Spreadsheet is available on the SRT website at [www.srillinois.org](http://www.srillinois.org) by going to ADMIN > Training Information. Document your training requirements for this calendar year below:

Total Trainings Required: \_\_\_\_\_

Total SRT Trainings Required: \_\_\_\_\_

### SRT TRAININGS (MINIMUM 2)

SRT Swiftwater Team members must attend a minimum of two SRT Swiftwater Team trainings. Only trainings listed on the SRT Training Calendar and SRT Swiftwater Team Training Spreadsheet are considered SRT Swiftwater Team trainings.

DATE OF TRAINING

LOCATION OF TRAINING

(1) \_\_\_\_\_

(2) \_\_\_\_\_

(3) \_\_\_\_\_

(4) \_\_\_\_\_

### DEPARTMENT/OTHER TRAININGS (MAXIMUM 2)

SRT Swiftwater Team members can count a maximum of two department/other trainings toward their required four trainings.

DATE OF TRAINING

LOCATION OF TRAINING

(1) \_\_\_\_\_

(2) \_\_\_\_\_



# MABAS DIVISIONS 4 & 5 SRT

## End of Year Training Form - Swiftwater Team

DATE OF WATERMANSHIP MODIFIED SWIM TEST: \_\_\_\_\_

*I, the above named SRT Swiftwater Team member, certify that I have read and agree to follow the standards and guidelines set forth in the SRT Swiftwater Team SOG (Standard Operating Guidelines), dated August 1, 2023.*

SRT Swiftwater Team Member Signature: \_\_\_\_\_

*I, the above named SRT Swiftwater Team Member's Fire Chief, certify that (1) this individual has my permission to participate in all activities related to their SRT Swiftwater Team membership and (2) that he/she is physically able to perform the duties required to be a member of the SRT Swiftwater Team.*

Fire Chief Signature: \_\_\_\_\_

- ☐ To request a training exception for this year, please check this box and attach to this form a letter/memo from your Fire Chief. The letter/memo should be addressed to the SRT Administrative Coordinator and outline the reasons and/or extenuating circumstances that your Fire Chief feels should be taken into consideration when reviewing your request. Training exceptions will be considered by the MABAS Operations Chiefs on a case by case basis.

### ADMINISTRATION USE ONLY

<b>Received:</b>	Date: _____	By: _____		
<b>Team Leader Approval:</b>	Date: _____	By: _____	<input type="checkbox"/> App	<input type="checkbox"/> N/App
<b>Ops Chief Approval:</b>	Date: _____	By: _____	<input type="checkbox"/> App	<input type="checkbox"/> N/App
<b>Processed:</b>	Date: _____	By: _____		