MABAS DIVISIONS 4 & 5 SRT

End of Year Training Form - Sonar Team

Please use this form to document your SRT Sonar Team training for the current calendar year. Once complete, please submit your form to the SRT Office. Forms can be emailed to cloomis@srtillinois.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 Sonar Team members are required to participate in 10 hours of SRT Sonar Team training annually. *****

☐ 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 Sonar Team Spreadsheet to determine your required number of training hours for this calendar year. The SRT Sonar Team Training Spreadsheet is available on the SRT website at www.srtillinois.org by going to ADMIN > Training Information. Document your training hour requirements for this calendar year below:

Total Hours Required: _____

SRT SONAR TEAM TRAINING HOURS (MINIMUM 10)

SRT Sonar Team members must participate in a minimum of 10 hours of SRT Sonar Team trainings. Only trainings listed on the SRT Training Calendar and SRT Sonar Team Training Spreadsheet are considered SRT Sonar Team trainings.

DATE OF TRAINING	LOCATION OF TRAINING	TRAINING TYPE/TOPIC	HOURS

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

SRT Sonar Team Member Signature: _____

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

Received:	Date:	_____	By:	_____		
Team Leader Approval:	Date:	_____	By:	_____	☐ App	☐ N/App
Ops Chief Approval:	Date:	_____	By:	_____	☐ App	☐ N/App
Processed:	Date:	_____	By:	_____		