



MABAS DIVISIONS 4 & 5 SRT

End of Year Training Form - Dive Team

Please use this form to document your SRT Dive 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, 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 Dive Team members are required to complete five open water dives annually **
with a minimum of two dives occurring during SRT Dive 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 Dive Team Spreadsheet to determine your required number of SRT dives and total dives for this calendar year. The SRT Dive Team Training Spreadsheet is available on the SRT website at www.srillinois.org by going to ADMIN > Training Information. Document your dive requirements for this calendar year below:

Total Dives Required: _____

Total SRT Dives Required: _____

SRT DIVES (MINIMUM 2)

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

<u>DATE OF DIVE</u>	<u>LOCATION</u>
(1) _____	_____
(2) _____	_____
(3) _____	_____
(4) _____	_____
(5) _____	_____

DEPARTMENT/OTHER DIVES (MAXIMUM 3)

SRT Dive Team members can count a maximum of two department/other dives toward their required five dives.

<u>DATE OF DIVE</u>	<u>LOCATION OF DIVE</u>
(1) _____	_____
(2) _____	_____
(3) _____	_____



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DATE OF BASIC POOL SKILLS EVALUATION: _____

DATE OF WATERMANSHIP SWIM TEST: _____

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

SRT Dive Team Member Signature: _____

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

SRT 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: _____