MABAS DIVISIONS 4 & 5 SRT

New Member Application Form - Technical Rescue Team

To apply to join the SRT Technical Rescue Team, please complete this form in its entirety and submit it to the SRT Administrative Coordinator. Application forms can be emailed to admin@srtillinois.org, faxed to (866) 560-5538 or mailed to 20 W. North Street, Hainesville, IL 60030. UNDERLINE APPLICATION FORMS MUST BE TYPED.

Name: _____   Date: _____

Department/District: _____

Dept/Dist Address: _____

City: _____   State: _____   Zip Code: _____

Dept/Dist Phone: _____   Dept/Dist Fax: _____

Cell Phone: _____   Cell Phone Carrier: _____

Email Address: _____

MEMBERSHIP REQUIREMENTS

Individuals who wish to join the SRT Technical Rescue Team must have their class completion certificates for confined space, rope rescue, structural collapse and trench rescue to the operations level, from a school or academy recognized by the Office of the Illinois State Fire Marshal (OSFM). SRT Technical Rescue Team members are required to become trained to the technician level in all four disciplines within 24 months of joining the team. Please provide us with the following requested information regarding your relevant classes/certifications, and attach copies of the certifications to this form:

COURSE	COMPLETION DATE	CERTIFYING AGENCY
Confined Space Ops*	_____	_____
Confined Space Tech	_____	_____
Rope Rescue Ops*	_____	_____
Rope Rescue Tech	_____	_____
Struc. Collapse Ops*	_____	_____
Struc. Collapse Tech	_____	_____
Trench Ops*	_____	_____
Trench Tech	_____	_____
_____	_____	_____
_____	_____	_____

Special Skills / Other Courses:

Required courses to join the team

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Name: _____   Date: _____

AUTHORIZATION & ANNUAL TRAINING REQUIREMENTS

The above named individual has been authorized by his/her fire department/district to join the MABAS Divisions 4 & 5 SRT Technical Rescue Team. The individual acknowledges and understands that he/she is responsible for following the Standard Operating Guidelines of the SRT Technical Rescue Team, which are available on the SRT website.

The individual and the fire department/district understand that it is their collective responsibility to maintain all required certifications, training records and medical/fit for duty records pertaining to the individual's membership with the SRT Technical Rescue Team. The individual and fire department/district also acknowledge that all SRT Technical Rescue Team members must complete the following each year to remain on the team's roster:

1. Attend/complete eight technical rescue trainings (two in each discipline) as follows:

    a. A minimum of six trainings must be SRT Technical Rescue Team trainings.**
    b. A maximum of two department/other technical rescue trainings will be accepted (with the approval of one of the SRT Technical Rescue Team Leaders).
    c. SRT Technical Rescue Team training credit will be given to members who attend technical rescue classes. Once credit will be awarded for every 20 hours of class time (a maximum of four credits will be awarded per year).
    d. SRT Technical Rescue Team training **MAY** be given to members who teach technical rescue classes on a case by case basis at the discretion of the SRT Technical Rescue Team Leaders. Individuals will be required to submit documentation to one of the team leaders outlining the class objectives and their level of involvement in the class.
    e. SRT Technical Rescue Team training credit will be given to members who respond to and participate in operations during an SRT Technical Rescue Team Response (with the approval of one of the SRT Technical Rescue Team Leaders).

2. Attend one SRT Technical Rescue Team inventory.

3. **Note: In order for a training to be considered an SRT Technical Rescue Team training, it must be listed on the SRT Training Calendar, located on the SRT website at www.srtillinois.org.

Applicant Signature:_____

Fire Chief Signature:_____

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: _____			