

## MABAS DIVISIONS 4 & 5 SRT

## New Member Application Form - Swiftwater Team

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

Name:	Date:			
Department/District:				
Dept/DistAddress:				
City:		State:	Zip Code:	
Dept/DistPhone:		Dept/DistFax:		
Cell Phone:		Cell Phone Carrier:		
Email Address:				
an approved/recognized ag	n the SRT Swiftwater Team must gency. Please provide us with the ons, and attach copies of the cert COMPLETION DATE	e following requested in	formation regarding your	
Swiftwater I*				
Swiftwater II*				
Water Operations				
Water Craft Technician				
Special Skills / Other Courses:				
* Required Courses				

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ONSE LES					
Name:	ame: Date:				
	AUTHORIZAT	TION & ANNUAL TRAINING REQ	QUIREMENTS		
& 5 SRT Swiftwater Team.	The individual a		ent/district to join the MABAS Divisions 4 that he/she is responsible for following available on the SRT website.		
required certifications, train with the SRT Swiftwater Te	ning records and am. The individ	d medical/fit for duty records pe	collective responsibility to maintain all ertaining to the individual's membership t also acknowledge that all SRT Swiftwater ream's roster:		
1. Attend four sw	iftwater training	gs as follows:			
b. A maxing of one of o	mum of two depof the Swiftwater Team to ions during an Stoordinators).  pass a Watermanat the member or a training to be	er Team Coordinators). raining credit will be given to m RT Swiftwater Team Response ( nship Modified Swim Test (the has the ability to pass the test	nings will be accepted (with the approval nembers who respond to and participate in (with the approval of one of the Swiftwater member's fire chief may also submit a to satisfy this requirement).		
Applicant Signature:					
Fire Chief Signature:					
		SRT ADMINISTRATI <u>ON</u> USE ON	LY		
Received:	Date:	Ву:			
Team Leader Approval:	Date:	Ву:	App		
Ops Chief Approval:	Date:	Ву:	App		
Processed:	Date:	Ву:			

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