

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 admin@srtillinois.org, faxed to (866) 560-5538 or mailed to 20 W. North Street, Hainesville, IL 60030. APPLICATION FORMS MUST BE TYPED.

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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Name:		Date:	
	AUTHOR	RIZATION & ANNUAL TRAINING REQUIREME	NTS
& 5 SRT Swiftwater Team.	The individu	authorized by his/her fire department/distric lual acknowledges and understands that he/sl the SRT Swiftwater Team, which are available	he is responsible for following
required certifications, train with the SRT Swiftwater Tea	ning records am. The inc	it/district understand that it is their collective ds and medical/fit for duty records pertaining individual and fire department/district also ack llowing each year to remain on the team's ros	to the individual's membership nowledge that all SRT Swiftwater
1. Attend four swi	iftwater tra	ainings as follows:	
b. A maxing of one of o	mum of two of the Swift viftwater Tes ions during Coordinators pass a Wate hat the men	o trainings must be SRT Swiftwater Team train to department/other swiftwater trainings will itwater Team Coordinators). The sam training credit will be given to members with an SRT Swiftwater Team Response (with the strs). The sam training credit will be given to member with the strs). The sam training credit will be given to member with the strs. The same training training to be considered an SRT Swiftwater Team training to be considered an SRT Swiftwater Team training to be considered an SRT Swiftwater Team training traini	be accepted (with the approval who respond to and participate in approval of one of the Swiftwater street of the Swiftwater this requirement).
Applicant Signature:			
Fire Chief Signature:			
		SRT ADMINISTRATION USE ONLY	
Received:	Date:	Ву:	
Team Leader Approval:	Date:	Ву:	App
Ops Chief Approval:	Date:	By:	App
Processed:	Date:	By:	

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