A logo with flames on it

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**HAZMAT – TECHNICAL RESCUE**

**SPECIAL OPERATIONS**

**TEAM MEMBER APPLICATION**

**APPLICATION INSTRUCTIONS**

1. Fill out the application in its entirety, including the “Completed Training” section. Include all training you have received in Special Operations (Hazmat / Technical Rescue), regardless of which discipline you are applying for.
2. The following documents must be submitted along with the completed application:
3. Training Certificates
4. Medical Surveillance Forms
5. General minimum requirements for all Special Operations team members include:
6. Member of a MABAS 3701 department or organization.
7. Successful applicants shall be of good personal character and void of moral turpitude.
8. Documented authorization of department employment and permission of the applicants Chief / Supervisor to serve on the team.
9. Documentation of provision of Worker’s Compensation Insurance from the applicant’s employing department.
10. General minimum certifications to become a probationary member include:
11. Michigan Firefighter I & II Certification.
12. Michigan EMT-B Medical License.
13. IS-100, IS-200, IS-700, and IS-800 Certifications. IS-300 and IS-400 required for management positions.
14. Two years of emergency service experience.
15. Hazmat Operations Level (Probationary Member – Hazmat)
16. Technical Rescue Awareness Level (Probationary Member – TRT)
17. General minimum requirements for the Hazardous Materials Team include:
18. Documented compliance with the minimum physical requirements as stated in 29 CFR 1910.120(q)(9). The costs associated with medical surveillance shall be at the expense of the applicant’s employing fire department.
19. Certification of training to the Hazardous Materials Technician level according to 29 CFR 1910.120(q)(6)(iii).
20. Hazmat Officer Certification for personnel in hazmat specific management positions.
21. General minimum requirements for the Technical Rescue Team include:
22. Documented compliance with the minimum physical requirements as stated in 29 CFR 1910.120(q)(9). The costs associated with medical surveillance shall be at the expense of the applicant’s employing fire department.
23. Certification of training that demonstrates the applicant qualifies to act as a Rescue Technician within the following disciplines:
    * 1. Rope Rescue
      2. Confined Space Rescue
      3. Ice / Water Rescue
      4. Structural Collapse Rescue
      5. Trench Rescue
24. Probationary members must complete the team minimum membership qualifications in their respective discipline in a reasonable time frame. Only qualified members will become deployable.
25. The Special Operations Command may consider knowledge, skills, and abilities over and above minimum requirements in making final selections for team membership.
26. Expense reimbursements for training and/or deployments from governmental units such as MI-MABAS, the Michigan Emergency Management Agency (MEMA) or the Federal Emergency Management Agency (FEMA) shall be requested and dispersed according to the local policy of a team member’s employing fire department. Coordination of such requests and subsequent disbursements shall be the joint responsibility of the Special Operations Command and the Department Directors.

**Application for Membership**

MABAS 3701 Special Operations

(Select One)

Haz-Mat Team Member

Haz-Mat Probationary Member

Technical Rescue Team Member

Technical Rescue Team Probationary Member

Incident Management Team (IMT)

**APPLICANT INFORMATION**

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City/Town\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip\_\_\_\_\_\_\_\_\_\_\_

Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**List all Fire / EMS Organization(s) where you have been a past employee:**

Department / Agency Dates of Employment

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Application for Membership**

MABAS 3701 Special Operations

**EMERGENCY CONTACT(S)**

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City/Town\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip\_\_\_\_\_\_\_\_\_\_\_

Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City/Town\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip\_\_\_\_\_\_\_\_\_\_\_

Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Application for Membership**

MABAS 3701 Special Operations

**PRIVATE SECTOR INFORMATION**

Name of Current Affiliation\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City/Town\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State\_\_\_\_\_\_ Zip\_\_\_\_\_\_\_\_\_\_

Dates Employed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Current Position\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List any relevant private sector experience as it relates to Special Operations (Hazardous Materials or Technical Rescue):

**RELEVANT PRIVATE SECTOR CERTIFICATIONS (Select all that apply)**

Environmental Specialist

Chemist / Biologist

GIS

Engineer

Structural Engineer

Licensed Builder

Coxswain

Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Application for Membership**

MABAS 3701 Special Operations

**COMPLETED TRAINING**

Check below all certifications you have completed whether it is in the area you have applied for or not. Include the training provider, such as a public/government agency or corporate entity.

**A copy of all certifications must be submitted with this application.**

**Basic Team Certification Requirements:**

Firefighter I & II

Date Completed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMT-B License (or Higher)

Date Completed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Apparatus Drivers Training

Date Completed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Fire Officer I & II (Management)

Date Completed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Hazardous Materials Operations

Date Completed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Technical Rescue Awareness

Date Completed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

IS-100 – Intro to ICS

Date Completed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

IS-200 – ICS for Single Resource

Date Completed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

IS-300 – Inter. ICS for Exp. Incidents (Management)

Date Completed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Application for Membership**

MABAS 3701 Special Operations

IS-400 – Advanced ICS (Management)

Date Completed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

IS-700 – (NIMS) an Introduction

Date Completed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

IS-800 – National Response Framework

Date Completed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List additional Advanced Certifications or Degree:

**Application for Membership**

MABAS 3701 Special Operations

**Hazardous Materials Team Certification Requirements:**

Hazardous Materials Operations

Date Completed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Hazardous Materials Technician I

Date Completed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Hazardous Materials Technician II

Date Completed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Hazmat IQ Course

Date Completed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Hazardous Materials Officer (Management)

Date Completed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Hazardous Materials Specialist (Optional)

Date Completed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Chemistry I & II (Optional)

Date Completed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Highway Cargo Specialist (Optional)

Date Completed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Flaring Operations (Optional)

Date Completed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Product Transfer Specialist (Optional)

Date Completed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List any additional Hazardous Materials Certifications:

**Application for Membership**

MABAS 3701 Special Operations

**Technical Rescue Team Certification Requirements**:

Technical Rescue Awareness

Date Completed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Rope Rescue Operations

Date Completed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Rope Rescue Technician

Date Completed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Confined Space Rescue Operations

Date Completed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Confined Space Rescue Technician

Date Completed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Structural Collapse Rescue Operations

Date Completed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Structural Collapse Rescue Technician

Date Completed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Trench Rescue Operations

Date Completed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Trench Rescue Technician

Date Completed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Swiftwater / Ice Rescue Technician

Date Completed\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_

List any additional Technical Rescue Certifications:

**Application for Membership**

MABAS 3701 Special Operations

**Authorization**

I, being an active member of\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ do hereby apply for membership with the MABAS Division 3701 Special Operations Teams**.**

I hereby authorize and empower MABAS Division 3701 through its authorized representatives, any consumer reporting agency, or other outside service company engaged by the Division for this purpose, now and subsequently, to obtain, prepare, use, and furnish information concerning my current and former employment, education, credit, general reputation, health, personal characteristics, driving record and mode of living, through correspondence and/or personal interviews with friends, neighbors, associates or others with whom I am acquainted or who may have knowledge concerning any of the above items.

Upon written request, I understand that the Division will provide me with information regarding the scope of the investigation, if one is made.

I have read and understand the requirements for membership and by my signature below, agree to them. I certify that the information on this application is true and correct to the best of my knowledge.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Application Signature Date

**Supervisor Authorization**

I, the Chief Officer / Supervisor at\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ certify that the above-named applicant is an active member in good standing of this organization.

I understand that the responsibility for workers compensation insurance and compensation coverage regarding all wages, training, certifications, equipment, and deployment remains with our department or organization.

The above applicant has my permission and support to become a member of the MABAS 3701 Special Operations Team.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Authorized Supervisor Signature Date