

Kansas Search & Rescue Response System Application for Membership

Date of Application: _____	US&R Resource: _____
Name: _____	SSN (Last 4 Digits only): _____
Address: _____	<u>Participating Agency/Employer</u> _____
City: _____ State: _____ Zip: _____	<u>Agency Chief/Director</u> <u>Phone</u> _____
<u>Phone</u> Home: _____ Mobile: _____	<u>Current Position with Agency/Employer</u> _____
<u>E-Mail Address</u> _____	_____

Please check at least two (2) positions you would be interested in filling. In the Notes section you can rank your selected positions with "1" being the most desired position. You may also provide any other information that might help in placing you on the US&R Resource.

<input type="checkbox"/> Task Force Leader	<input type="checkbox"/> Safety Officer	
<input type="checkbox"/> Planning Team Manager	<input type="checkbox"/> Technical Information Specialist	<input type="checkbox"/> Structures Specialist
<input type="checkbox"/> Logistics Team Manager	<input type="checkbox"/> Logistics Specialist	<input type="checkbox"/> Communications Specialist
<input type="checkbox"/> Search Team Manager	<input type="checkbox"/> Technical Search Specialist	<input type="checkbox"/> Canine Search Specialist
<input type="checkbox"/> Rescue Team Manager	<input type="checkbox"/> Rescue Squad Officer	<input type="checkbox"/> Rescue Specialist
<input type="checkbox"/> Hazardous Materials Team Manager	<input type="checkbox"/> Hazardous Materials Specialist	<input type="checkbox"/> Heavy Equipment & Rigging Specialist
<input type="checkbox"/> Medical Team Manager	<input type="checkbox"/> Medical Specialist	

Notes:

An annual background check is required for each member of the Kansas Search & Rescue Response System. By submitting the following information the applicant agrees to allow the Investigations Division of the OSFM to perform a background check.

DOB: _____ Gender: Male Female DL State: _____ DL #: _____

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Using NFPA 1006, identify your level of competency in the following areas, as well as any related training in each area, including dates, agency, and location of training.

Rope Rescue	Level I <input type="checkbox"/>	Level II <input type="checkbox"/>
Course/Training	Agency/Location	Date (s)
Confined Space Rescue	Level I <input type="checkbox"/>	Level II <input type="checkbox"/>
Course/Training	Agency/Location	Date (s)
Trench Rescue	Level I <input type="checkbox"/>	Level II <input type="checkbox"/>
Course/Training	Agency/Location	Date (s)
Structural Collapse Rescue	Level I <input type="checkbox"/>	Level II <input type="checkbox"/>
Course/Training	Agency/Location	Date (s)
Swiftwater/Flood Rescue	Level I <input type="checkbox"/>	Level II <input type="checkbox"/>
Course/Training	Agency/Location	Date (s)
Wilderness Rescue	Level I <input type="checkbox"/>	Level II <input type="checkbox"/>
Course/Training	Agency/Location	Date (s)

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Hazardous Materials Certification	Operations <input type="checkbox"/>	Technician <input type="checkbox"/>
Medical Certification	EMR <input type="checkbox"/> EMT <input type="checkbox"/> AEMT <input type="checkbox"/>	PARAMEDIC <input type="checkbox"/> MD/RN <input type="checkbox"/>
Canine Search Specialist		
Course/Training/Certifications	Agency/Location	Date (s)
Structures Specialist		
License/Training/Certifications	Agency/Location	Date (s)

Incident Management/ICS Courses		
Course/Training	Agency/Location	Date (s)
Additional Training or Experience		
<p>List any other relevant training such as position specific training, GPS training, WMD training, CISD training, etc. In addition, list any experience that may be beneficial to the task force such as heavy equipment operation, construction experience, communications/dispatch experience, etc.</p>		
Course/Training	Agency/Location	Date (s)

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I certify that, to the best of my knowledge and belief, that all of the information on and attached to this application is true, correct, and made in good faith. I understand that false or fraudulent information on or attached to this application may be grounds for dismissal from the Kansas Search & Rescue Response System. I understand that any information I give may be investigated by my agency/employer, the Sponsoring Agency, or the OSFM.

Applicant's Printed Name

Applicant's Signature

Date

Please forward the completed application, along with the following forms to the Sponsoring Agency in your region.

- Letter of Commitment
- Code of Conduct
- Fit for Deployment

SPONSORING AGENCY APPROVAL

(By checking the boxes below, the Sponsoring Agency verifies that these documents are on file.)

Letter of Commitment

Code of Conduct

Fit for Deployment

Program Manager (Printed Name)

Signature

Date

OSFM APPROVAL

Background Check

OSFM (Printed Name)

Signature

Date