



Virginia Task Force 2

Urban Search and Rescue

Administrative Manual

Membership

ISSUE STATEMENT

This directive will be utilized as the cover page of all applicants' resume packages.

REQUIRED ACTIONS

Phase I

- Full Name: _____
- Position you are applying for: _____
- Attach copy of your Personal Professional Resume.
- Attach copies of certifications supporting that you meet general membership requirements.
- Chain of Command and Participating Agency Representatives signature page must be attached.

Phase II

- Training Coordinator's signature of review of completed package: _____

Phase III

- Sub group Leaders signature & date receiving resume package: _____
- Interview date: _____
(If applicant is not interviewed please indicated in line above & provide an explanation in writing with this package and return to Task Force Training Coordinator)
- Date Program Manager notified individual selected for membership: _____

Phase IV

- Official FEMA Application returned to Training coordinator: _____
- Training gear issued by & date: _____
- All gear issued by & date to fully deployable member: _____



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3.01a Membership Cover Sheet

February 2016

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Jurisdictional Authorization for VATF2 membership

This page will be used to show approval of the membership application from participating jurisdictions. All applicants must complete and attach this approval page with their application for team membership. The personnel signing the page are acknowledging that they are aware of the members application to be a VATF2 member, that they approve of the members application, and that they are willing to provide the time and support required for their member to participate fully with VATF2.

VATF2 Applicant Name _____

Position Applying for _____

Company Officer – Name _____ Signature _____

Battalion Officer – Name _____ Signature _____

Division Officer – Name _____ Signature _____

Participating Agency Representatives approval

Signature by the participating agency representative confirms that the jurisdictions leadership is aware and will support the application of the member if offered membership.

Name _____ Signature _____