

## General information for FEMA Application

Yellow highlighted requirements on the position description training page can be obtained after applicant is offered team membership. If applicant has the stated training requirement completed, a copy of the certification should be included as part of the application.

### How to complete the ICS courses if needed:

They are only available through the FEMA web site. To connect follow these steps and you will need to register as a new student on the FEMA site.

1. [www.training.fema.gov](http://www.training.fema.gov)
2. Click on the EMI connection on the top half of the page.
3. On the blue tool bar find and click the fema indep study.
4. Find the classes on the ISP course list.

IS100  
IS200  
IS700a  
IS800b

FEMA e-mail completion certification letter or certification print outs are acceptable forms for the application package.

### How to complete Awareness level classes if needed:

[www.vatf2.com](http://www.vatf2.com) follow the below instructions to sign on and complete these awareness classes. Critical Incident Stress, Structural Collapse, Confined Space, and Trench Rescue. Your final test will forward to the VATF2 Training Coordinator's office for grading and e-mail issue of the certificate of completion for your application package.

This link is located on the web site training link, top of home page to the right. Once you gain access to the link, you will be able to complete the necessary training classes prior to team affiliation.



# 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: Technical Search Specialist
- 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: \_\_\_\_\_

### TECHNICAL SEARCH SPECIALIST

## **GENERAL REQUIREMENTS FOR ALL FEMA TASK FORCE MEMBERS**

- \_\_\_\_\_ Complete Critical Incident Stress awareness training.
- \_\_\_\_\_ Complete on-line courses IS-100, or equivalent
- \_\_\_\_\_ IS-200, or equivalent
- \_\_\_\_\_ IS-700
- \_\_\_\_\_ IS-800B
- \_\_\_\_\_ **Complete the DHS/FEMA/US&R Orientation Course.**
- \_\_\_\_\_ Complete the First Responder Operations Level for Hazardous Materials (OSHA 29 CFR, 1910.120).
- \_\_\_\_\_ Currently certified in Cardiopulmonary Resuscitation (Task force members currently licensed or certified as EMT (all levels) and licensed Board Certified Emergency Physicians inherently meet this requirement).
- \_\_\_\_\_ **Complete the FEMA WMD Enhanced Operations in Contaminated Environment**
- \_\_\_\_\_ Confined Space NFPA 1670 Awareness Level Training.
- \_\_\_\_\_ Water Rescue Operations NFPA 1670 Awareness Level Training
- \_\_\_\_\_ Structural Collapse Operations NFPA 1670 Awareness Level Training
- \_\_\_\_\_ **Complete Annual Task Force Maintenance Process to include:**
  - a. Mask Fit Testing, with test result filed in individual's medical file.
  - b. Respiratory protection training as per OSHA 29 CFR 1910.134 (k).
  - c. Blood-borne Pathogen training
  - d. Complete annual refresher training as required for First Responder Operations Level for Hazardous Materials (OSHA 29 CFR, 1910.120).
  - e. Annual EKG and Team Doctor Medical History Review.
  - f. Review of Individual Training and Administrative file.

## **TECHNICAL SEARCH SPECIALIST REQUIRED TRAINING**

- \_\_\_\_\_ **DHS/FEMA/US&R Technical Search Specialist Course**
- \_\_\_\_\_ **FEMA/US&R Structural Collapse Technician course**
- \_\_\_\_\_ Rope Rescue Awareness Level per NFPA 1670, Chapter 6-2
- \_\_\_\_\_ Trench Rescue Awareness per NFPA 1670,
- \_\_\_\_\_ **Confined Space Duties of Entrant per 29CFR 1910.146**

## **TECHNICAL SEARCH SPECIALIST RECOMMENDED TRAINING**

- \_\_\_\_\_ DHS/FEMA/US&R Canine Search Specialist Course
- \_\_\_\_\_ DHS/FEMA/US&R Search Planning & Management Course
- \_\_\_\_\_ Canine Emergency Field Care Course
- \_\_\_\_\_ Meet requirements of NFPA 1006 (2008) Technical Rescuer Level 1 & 2 (Excluding Chapter 1 Administration: Section 1.3.3)
- \_\_\_\_\_ Chapter 5: Job Performance Requirements
- \_\_\_\_\_ Chapter 6: Rope Rescue (Level 1 & 2)
- \_\_\_\_\_ Chapter 7: Confined Space Rescue (Level 1 & 2)
- \_\_\_\_\_ Chapter 8: Trench Rescue (Level 1 & 2)
- \_\_\_\_\_ Chapter 10: Vehicle and Machinery Rescue (Level 1 & 2)
- \_\_\_\_\_ Chapter 11: Surface Water Rescue (Level 1 & 2)
- \_\_\_\_\_ Duties of the Entrant and Attendant, per OSHA Standard 29 CFR 1910.146 Permit Required Confined Spaces.

# **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 \_\_\_\_\_