

**BUTLER COUNTY
TECHNICAL RESCUE RESPONSE TEAM**

TO: ALL TEAM APPLICANTS
FROM: B.C. FIRE CHIEF'S TECHNICAL RESCUE COMMITTEE

We are please that you are making application to the Butler County Technical Rescue Team. Please complete the enclosed application form and return it along with a current resume to Randall W. Hanifen at 9119 Cincinnati-Dayton Rd. West Chester, OH 45069. Your application will be carefully reviewed. Selection will be based upon your interests and qualifications as well as the current requirements of the Team.

ALL applicants should understand before applying that notification of a Team alert is of extreme importance. Team members should provide several means by which they may be notified to enable the Team to meet the requirements for response. Please list the numbers at which your Team Leader will be able to contact you.

Select the categories of the Team, in order of preference, in which you have the most interest, knowledge and experience. A job description of each category is available from your Technical Rescue Committee. We will make every attempt to place accepted applicants in the category desired. However, applicants must understand that all Team Members will be cross-trained in all areas of search and rescue and that assignment flexibility is an integral part of Team success.

Applicants must also understand that upon selection, they will be required to attend training sessions, simulated deployments, and occasional work details to maintain an active status with the Team. Additionally, all applicants must maintain an acceptable level of physical fitness.

Each application must be signed by the Chief of the applicant's department before it will be accepted. In addition, the attached "Memorandum of Understanding" must be approved by the applicant's primary employer.

A current resume and copies of all pertinent certifications and specialized training must accompany each application.

Thank you for your interest in Butler County Technical Rescue Response and for making application at this time. If you have any questions or concerns, please contact Chairperson Randall W. Hanifen at 513-266-6124 or Chief Steve Miller at 513-863-3410

**BUTLER COUNTY
TECHNICAL RESCUE RESPONSE TEAM**

SECTION C: QUALIFICATIONS – FIRE SERVICE PERSONNEL

SPECIALIZED TRAINING:

Check appropriate training areas and include copies of all certifications.

_____ Haz Mat _____ Awareness _____ Operations
 _____ Technician _____ Specialist
_____ Firefighting _____ Fire Fighter I _____ Fire Fighter II
 _____ Firefighter III
_____ Rope Rescue _____ Basic _____ Intermediate _____ Advanced
_____ Incident Command Systems Training
_____ State of Kentucky Firefighting _____ Hours Accumulated
_____ Trench Rescue
_____ Confined Space Rescue
_____ Extrication Specialist
_____ Swift Water Rescue
_____ Other: _____

_____ Emergency Medical Technician – Ambulance (EMT-A)
 State Issuing Certification _____
_____ Emergency Medical Technician – Paramedic (EMT-P)
 State Issuing Certification _____
_____ Years of Service _____

In addition, list any specialized training that would qualify you for the positions for which you are applying. Include correct course titles and dates of training and submit copies of all certifications. Use additional sheets as necessary.

If you are not a member of a fire department, list below those qualifications that would enable you to meet the requirements for the positions for which you are applying.

**BUTLER COUNTY
TECHNICAL RESCUE RESPONSE TEAM**

SECTION D: EDUCATION

High School: _____
Name City State/Zip Code

College: _____
Name City State/Zip Code

Degree: _____ Dates Attended: _____
From To

Graduate Degrees/Courses: _____

SECTION E: EMPLOYMENT

Principal Employer: _____

Fire Chief or Department Director: _____

City State/Zip Code Phone:

Applicant's Job Title: _____

Job Responsibilities: _____

Special Qualifications:

List any other special qualifications that you feel enable you to fill the positions for which you are applying. Include correct course titles and any specialized training attended. Use additional sheets as necessary.

(Application continues on back)

**BUTLER COUNTY
TECHNICAL RESCUE RESPONSE TEAM**

SECTION F: REFERENCES

Please list a minimum of three (non-family) references that the Committee may contact for recommendations: (Must include complete addresses and accurate phone numbers)

Name: _____

Address: _____

Phone: _____

Relationship: _____

**BUTLER COUNTY
TECHNICAL RESCUE RESPONSE TEAM**

SECTION G: EMPLOYER MEMORANDUM OF UNDERSTANDING

Your employee is making application to the Butler County Technical Rescue Response Team. Technical Rescue Response is an effort of the Butler County Fire Chief's Association and operates under the tenants of our mutual aid agreement and constitution. As a part of this application process, each applicant must secure the written approval of his/her primary employer. The Committee of the Fire Chief's strongly believes that each employer approving an employee for appointment to the Response Team should completely understand the needs of the Response Team and those restraints that could, in a time of emergency or disaster, present themselves to you as his/her employer.

As a prospective Team Member, each applicant is making a serious commitment to provide specialized skills, training and expertise to the citizens of our area, the primary purpose for the formation of the Response Team. In turn, as an employer supporting this appointment to the response Team you are also making a strong commitment to our community. As in other cooperative efforts under mutual aid, our members remain your employees in training and in response. Compensation issues remain yours, but for purposes of Team training and on/off duty response, you agree to provide worker's compensation protection for your member-employee.

Any response to Team activation by your employees remains at your discretion. As a special response entity, the value of the Team can only be realized by participation and allowing members to respond when requested, whenever possible. Realistically, the Team cannot expect every member to be available for every emergency or disaster. In addition, not every emergency will dictate the need for the entire Team. There will be incidents where only a partial contingent of the Team will be deployed. However, as an approving employer, you are stating that in times of need, emergency and/or disaster, you are willing, when feasible, to relinquish this employee from his/her normal duties (and permit off-duty response) to fill a specialized spot with the Response Team.

Your signature below indicates only that you fully understand the commitment being made not only by your employee, but also by you as the employer that he/she is representing with training, skills, and expertise.

Approving Agent: _____ Date: _____
Please Print or Type

Employer Represented: _____

Approving Signature: _____

APPLICANT: _____

**BUTLER COUNTY
TECHNICAL RESCUE RESPONSE TEAM**

SECTION H: AREAS OF INTEREST / EXPERTISE / KNOWLEDGE

Indicate by numbers (1, 2, 3 etc.) in order of preference, the Team areas in which you are interested.

_____ Trench Collapse Rescue	_____ Structural Collapse Rescue
_____ High Angle Rope Rescue	_____ Confined Space Rescue
_____ Structural Specialist	_____ Heavy Rigging

SECTION I: SPONSORING AGENCY / COMPANY INFORMATION

Sponsoring Agency / Company: _____

Telephone: _____

Immediate Supervisor: _____

Title: _____ Phone: _____

Authorizing Signatures:

Chief of Department (Fire Service Personnel Only)

Signature _____
Date

Print Name

Supervisor / Company Officer (Non-Fire Service Personnel Only)

Signature _____
Date

Print Name

Applicant

Signature _____
Date

Print Name