

***GEORGIA
SEARCH
AND
RESCUE***



***WEST CENTRAL
TASK FORCE 4A***

***PERSONAL INFORMATION
PACKAGE***

GEORGIA SEARCH AND RESCUE

WEST CENTRAL TASK FORCE 4A

Personal Information Package

Dear Applicant:

Thank you for your interest in becoming a member of the Georgia Search and Rescue WEST CENTRAL TASK FORCE 4A (GSAR WCTF). GSAR WCTF is a Type 3 USAR and Type 2 Structural Collapse Team. It is regionally based and it is a multi-jurisdictional asset deployed through the State of Georgia by the Georgia Emergency Management Agency (GEMA). It is comprised of and staffed by up to 75 emergency services personnel and technical experts (divided into two platoons) from the West Central Georgia Region. GSAR members are trained to FEMA standards with a platoon deployment of a minimum of 35 personnel. The equipment cache is based on the FEMA USAR Task Force equipment cache list.

Urban Search and Rescue is considered a "multi-hazard" discipline, as it may be needed for a variety of emergencies or disasters, including earthquakes, hurricanes, storms, tornadoes, floods, sink holes, trench cave in, confined space rescue, industrial accidents, transportation accidents, and terrorist activities.

GSAR WCTF conforms to standard US&R Operational Procedures that were developed by FEMA. GSAR WCTF is comprised of five major functional elements: Search, Rescue, Medical, Logistics, and Planning, including associated supervisory positions.

GSAR WCTF members are organized into two PLATOONS (Red and White). Every quarter, each platoon will rotate between being on Response Ready, Response Standby. After initial training, members will be expected to attend a minimum of 10 to 12 hours of training and equipment cache maintenance per calendar quarter. For a new member joining the team, depending on his or her previous training and experience, the training hours may be considerably more. In order to be "deployable", each member must be fully qualified for their deployment position, per FEMA and GSAR WCTF standards, and have participated in the previous quarterly training. Team members will also be held accountable for knowing GSAR WCTF Policies and Procedures.

It is preferable that the application be filled out on a computer and then printed for signatures. If the application is handwritten, all documents must be printed in ink and be very neat and legible or it will not be accepted. NO EXCEPTIONS.

This personal information packet (with all original signed attachments) must be received NO LATER THAN - OPEN APPLICATION PERIOD.

**SEND TO: COLUMBUS FIRE AND EMERGENCY MEDICAL SERVICES
ATTENTION: ROBERT FUTRELL, SPECIAL OPERATIONS CHIEF
510 10TH STREET
COLUMBUS, GEORGIA 31901
BUSINESS PHONE (706) 653-3500**

NOTE: Email Chief Futrell at rfutrell@columbusga.org to notify him of your interest in participating on the GSAR WEST CENTRAL TASK FORCE 4A or if you have any questions.

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The Selection Process will take into consideration the following requirements:

- Applicant submits a completed notarized GSAR WCTF Personal Information Package
- Applicants must have all Personal Information Package forms signed and attached
- Applicant successfully passes the Physical Ability Test
- Applicant successfully passes an oral interview and skills assessment if applicable
- Applicant successfully passes the application review by the Selection Committee
- Applicants selected for the team must show proof of a recent (within a year) National Criminal History and fingerprint background check.

Attach copies of the following, (check as appropriate)

Valid Georgia driver's license.

Engineering Certificate (if Structural Engineer).

Law enforcement certificates.

A short letter detailing your goals, interests, and related experiences.

Resume' describing any suitable experiences, see sample below:

SAMPLE RESUME

NAME:

RELATED CERTIFICATIONS:

RELATED TRAINING:

EDUCATION:

PROFESSIONAL EXPERIENCE:

PROFESSIONAL MEMBERSHIPS:

REFERENCES:

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Applicant's Information:

Please type or print. Use black ink and answer all questions.

<i>Last Name</i>	<i>First Name</i>	<i>M</i>	<i>Applicant # (Initials & last four digits of Social Security #)</i>
<i>Address (street, city or town, state, ZIP code)</i>			
<i>Home Telephone: E-mail address:</i>	<i>Business Telephone:</i>	<i>FAX Number:</i>	
<i>Cellular Telephone</i>	<i>Pager Number: <input type="checkbox"/> (check box if alpha-numeric) Pager Company -</i>		
<i>Emergency Contact Name</i>	<i>Relationship</i>		
<i>Address (street, city or town, state, ZIP code)</i>			
<i>Emergency Contact Home Telephone: Pager/Cell Number : Work Phone:</i>			

Sponsoring Organization/Department/Employer: _____

Date of Application: _____

Organization/Department/Employer: _____

Organization/ Department/Employer Address: *(street, city or town, state, ZIP code)*

E-mail Address: _____

Business Phone: _____ Current Position Held in
Department or Organization: _____

Business Fax #: _____

How Long with Current Department or Organization: _____ How Long in Current Field: _____
Years _____ Months _____

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Special Qualifications: Attach copy of all related certificates.

Special Equipment Licenses (describe- license #'s., expiration dates, etc.):

Amateur/Commercial Radio Licensing (provide call sign and license class):

Law Enforcement Related Education and Training:

Other Team Memberships:

Other Professional Licenses (describe):

Certifications and/or Qualifications: (check applicable box): Attach copy of all related certificates.

Rope Rescue (See NFA 1670) <input type="checkbox"/> Aware <input type="checkbox"/> Ops <input type="checkbox"/> Tech	Vehicle and Machinery Extrication (See NFA 1670) <input type="checkbox"/> Aware <input type="checkbox"/> Ops <input type="checkbox"/> Tech	Fire Instructor (See NFA 1031) <input type="checkbox"/> Instr. 1 <input type="checkbox"/> Instr.2 <input type="checkbox"/> Instr.3
Confined Space Rescue (See NFA 1670) <input type="checkbox"/> Aware <input type="checkbox"/> Ops <input type="checkbox"/> Tech	Haz-Mat (See NFA 472) <input type="checkbox"/> Aware <input type="checkbox"/> Ops <input type="checkbox"/> Tech <input type="checkbox"/> Spec	Emergency Medical (Georgia Certified) <input type="checkbox"/> First Resp. <input type="checkbox"/> EMT-B <input type="checkbox"/> EMT-I <input type="checkbox"/> CT <input type="checkbox"/> EMT-P <input type="checkbox"/> LPN <input type="checkbox"/> RN <input type="checkbox"/> MD
Trench Rescue (See NFA 1670) <input type="checkbox"/> Aware <input type="checkbox"/> Ops <input type="checkbox"/> Tech	Canine Operations <input type="checkbox"/> S & R <input type="checkbox"/> Cadaver	National Incident Management System Training <input type="checkbox"/> Level
Water Rescue (See NFA 1670) <input type="checkbox"/> Aware <input type="checkbox"/> Ops <input type="checkbox"/> Tech	Basic Firefighter (See NFA 1001) <input type="checkbox"/> FF1 <input type="checkbox"/> FF2 <input type="checkbox"/> FF3	<input type="checkbox"/> Speaks <input type="checkbox"/> Reads Language other than English Language(s)
Structural Collapse Rescue (See NFA 1670) <input type="checkbox"/> Aware <input type="checkbox"/> Ops <input type="checkbox"/> Tech	Heavy Rigging Welding Torch Cutting <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Supervisory Experience <input type="checkbox"/>
Search and Rescue (See NFA 1670) <input type="checkbox"/> Aware <input type="checkbox"/> Ops <input type="checkbox"/> Tech	Construction Equipment Operator <input type="checkbox"/>	CISD Training <input type="checkbox"/>

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(Describe any training and experience checked above (if necessary))

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The Applicant's physician must review the following three pages and must sign the Physician's Certification Form.

Characteristics of Urban Search and Rescue Operations

Structural collapse and rescue operations are performed in very dangerous and physically demanding environments. Personnel involved in search and rescue operations must possess the stamina necessary to safely and effectively carry out sustained operations over many hours, often without sleep or sufficient relief.

For GSAR WCTF personnel to safely and effectively perform the duties and missions assigned to the Task Force, each Member must be relied on to be able to perform sustained physical tasks under difficult and dangerous conditions.

Task Force personnel must possess sufficient strength to transport, handle, and operate heavy tools and equipment. Each Member of the Task Force who enters a collapsed building or the designated hazard zone must be capable of:

1. Negotiating rubble piles and uneven surfaces
2. Working in confined spaces
3. Carrying required equipment
4. Climbing ladders and working at various heights
5. Quickly exiting void spaces to escape dangers associated with the secondary collapse of a structure

All members of GSAR WCTF are required to be physically and medically capable of performing various Search & Rescue tasks. Task performance abilities and individual conformance to mandatory physical standards will be tested annually. Determinations regarding any Task Force Member's fitness for duty must consider their ability to perform any and all of the critical tasks in a safe and efficient manner, without risking harm to themselves, other Team Members, or to the public.

Please ask your physician to review the Critical Tasks and Fitness Standards, check the applicable box, and to certify the results.

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GSAR WCTF Critical Tasks and Fitness Standards Form

The following physical ability events are a minimum and apply to all Task Force members who enter the zones of an incident such as a collapsed building.

This Critical Tasks and Fitness Standards Form must be reviewed and signed by your personal physician. By doing so, your doctor is certifying that he or she knows of ***no medical reasons*** why you would be unable to participate in the physical ability test. This Physical Ability Test will be conducted at a designated time and place and will basically incorporate the following events:

Event 1: Confined Space Entry

Crawl through a tube 20 feet long and 24 inches in diameter from one end to the other, and then crawl backwards to the point of origin.

Event 2: Ladder Climb

Ascend a 35-foot fire department ladder; Touch the top rung with one hand and then descend back to the ground. Do not stop while going up or down the ladder.

Event 3: Equipment Carry

Lift a 50-pound box from an elevated waist high surface, carry it in a walking carry for 200 feet (without putting the box down) and then return the box to the starting point. You must be able to complete this task without dropping the box.

Event 4: Tool Carry

Lift a 40 pound hydraulic tool from the lift gate of a truck and place it on the ground. Then return the tool back to the lift gate. This procedure will be repeated ten times, within a two minute time period. Hands may be switched provided the Applicant verbally indicates that switching of hands is desired before actually doing so.

Event 5: Balance Beam Walk

Walk the length of a 12-foot beam that is four inches wide (unsupported and unassisted) without falling off or stepping from the beam.

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Physician's Certification Form:

Applicant's Name: _____ Date: _____

I have:

Reviewed the medical records of (Applicant's name): Yes No

Personally examined this Applicant within the past year: Yes No

Please check one of the following boxes:

1. I certify that, in my professional judgment, I am not aware of any medical reason or condition that would prevent this Applicant from taking the physical abilities test which tests the critical tasks and physical standards listed.
2. I certify that, in my professional judgment, this Applicant cannot perform one or more of the listed critical tasks or does not conform to all of the physical standards listed.

Other Instructions to Physician:

VISION: Far visual acuity shall be at least 20/30 binocular, corrected with contact lenses or spectacles. Far visual acuity uncorrected shall be at least 20/100 binocular for wearers of hard contacts or spectacles. Requires the ability to differentiate colors and shades of color.

PERIPHERAL VISION: Without correction, shall be 140 degrees in the horizontal meridian in each eye.

If you checked Box # 2 directly above, please explain in the space provided below.

Describe any reasonable accommodations that you believe can be made to permit this Applicant to be able to perform the tasks required, or to be able to substantially conform to the standards required. Attach further documentation to this form, as required.

Physician's Notes and Comments

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<i>Name of Physician (please print)</i>	<i>Date</i>
<i>Signature of Certifying Physician</i>	<i>Telephone No.</i>
<i>Business Address (street, city or town, ZIP Code)</i>	

NOTE: Physician's office will be contacted for verification.

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APPLICANT FORM

As a member of GSAR, you will remain employed by your sponsoring government agency or private employer for salary and benefits. The sponsoring agency, employer, or private individual will be required to provide proof of medical health insurance coverage.

When GSAR WCTF is activated as a State of Georgia asset, your sponsoring government agency may be compensated through the State of Georgia for your time spent on a deployment. It is your responsibility to clarify with your employer how, or if, you will be compensated for your time and/or reimbursed for expenses during training or deployment. Each agency or private employer will determine his or her responsibility for your US&R training expenses.

In the event of a statewide or national emergency, you may be activated for a task force deployment.

If appointed to the Team, you will be required to attend approximately 40 to 48 hours per calendar year (approximately 10 to 12 hours per quarter) in training, drills, and maintaining / inventorying of equipment. As a new member to the team, depending on your previous training and experience, the training hours may be considerably more.

Certification:

By signing below I verify:

I understand and accept the described compensation and requirement of Medical Health Insurance disclosure described above.

I swear that all information / statements submitted in this Personal Information Package, including all supplemental documents are true, complete and correct to the best of my knowledge and belief. I understand that any misrepresentation, omission of facts, or falsifications of information is grounds for dismissal or refusal to allow membership to the team, and I will be ineligible to reapply for any position for one year.

Name of Applicant (please print)

Signature: _____ Date: _____

Sworn to and subscribe before me this _____ day of _____

Signature of Notary Public and Seal _____

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EMPLOYER FORM

Dear Employer or Sponsoring Agency:

An employee or volunteer in your organization has expressed an interest in joining the Georgia Search and Rescue WEST CENTRAL TASK FORCE 4A (GSAR WCTF).

As a member of GSAR WCTF, they will remain employed by their sponsoring jurisdiction, or private employer, for salary and benefits. It will be the responsibility of each participating employer (and sponsoring agency, if different) to clarify with their member how, or if, they will be compensated for their time, or reimbursed for expenses during training or deployment. The sponsoring agency, employer, or private individual will be required to provide proof of Medical Health insurance coverage. In the event of a statewide or national emergency, the applicant may be activated for a task force deployment for what could be a period of days. When GSAR WCTF is activated as a State of Georgia asset, the sponsoring agency may be compensated through the State of Georgia for your time spent on a deployment.

Please Print:

Name of Applicant (please print) _____

Name of Sponsoring Agency (please print) _____

Chief Administrator or Owner's Name (please print) _____

Chief Administrator or Owner's Signature: _____

Date: _____

OR

Full-Time Employer's Name if different (please print) _____

Name of Employer's Corporate Officer or Owner (please print) _____

Signature of Corporate Officer or Owner: _____

Date: _____

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Minimum training levels are required by GEMA based on NFPA 1670 for structural collapse rescue response for all team members.

General Requirements for All Components

- Basic National Incident Management Systems (NIMS) incident command systems course (minimum courses I - 100, I - 200, I - 700)
- Meet NFPA 1670 for the disciplines required for structural collapse rescue operations.
- Must have a current Georgia Driver's License.
- Must be currently certified at minimum as a EMS First Responder
- Must be currently certified at a minimum at Hazardous Materials: Operations level.

NOTE: As of July 2005 all members must meet the Hazardous Materials: Technician level. Must be able to read, write and speak English.

***Applicants cannot have a felony conviction, pattern of misdemeanor convictions or repeated traffic violations.

