



# Tooele County Special Operations

## Membership Application Form



### **Applicant Information**

Name: \_\_\_\_\_

Home Fire Agency: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Emergency Contact Phone: \_\_\_\_\_

### **Certification and Training Background (check all that apply) (attach copies of certifications)**

Hazardous Materials: \_\_\_ Awareness \_\_\_ Operations \_\_\_ Technician

Technical Rescue: \_\_\_ Confined Space \_\_\_ Rope Rescue \_\_\_ Trench Rescue \_\_\_ Structural Collapse

Ice Rescue: \_\_\_ Awareness \_\_\_ Operations \_\_\_ Technician

### **Applicant Commitment**

By signing below, I affirm that:

1. I am a current member of the fire agency listed above and remain in good standing.
2. I understand that participation in the Tooele County Special Operations Team is voluntary and requires compliance with Policy 100.01 (Good Standing), Policy 200.01 (Training and Certification), and all associated standards.
3. I agree to maintain required training, attend monthly sessions, and respond to incidents within the limits of my home agency's policies and operational readiness.
4. I understand that failure to maintain participation, certifications, or good standing with my agency may result in removal from the team.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **Home Agency Fire Chief Endorsement**

I endorse the above applicant for participation in the Tooele County Special Operations Team.

This endorsement confirms that the applicant is in good standing within this department, has completed probationary requirements, and has my authorization to participate in training and deployments as coordinated through Tooele County Emergency Services.

Chief's Name: \_\_\_\_\_

Fire Department: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### **Special Operations Approval**

Special Operations Coordinator Review:

Approved  Denied Date: \_\_\_\_\_ Initials: \_\_\_\_\_

Director, Tooele County Emergency Services:

Approved  Denied Date: \_\_\_\_\_ Initials: \_\_\_\_\_