



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: _____