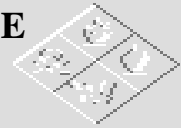




CLEVELAND COUNTY URBAN SEARCH AND RESCUE
PO. BOX 207
SHELBY, NC. 28150
704-484-6835



APPLICATION

Date of Application: ____/____/____

Applicant's Name: (Last, First, Middle)

Social Security Number

Position(s) to be Considered

- Technical Search Specialist Canine Search Specialist Rescue Specialist
- Hazardous Materials Specialist Logistics Specialist Communications Specialist
- Swift Water Rescue Specialist Hi Angle/ Confined Space Specialist State Medical Team
- Trench Specialist Other: _____ Incident Management Team

The following items are required at time of application.

Applicant's host dept. must have a Memorandum of Understanding on file with the Cleveland County Emergency Management Office. If applicant does not have an active MOU on file, the applicant's organization must attain and return a MOU with CCEM within 90 days of filing member's application.

Applicant must submit documentation of pulmonary function test on agency letterhead annually.

Once applicant is accepted on the Cleveland County Urban Search and Rescue Team, the following conditions are required to maintain eligibility.

- **Meet and maintain minimal qualifications for position description under CCUSAR Operations Manual.**
- **Attend functional training as required by CCUSAR .**
- **Ensure that all contact information is kept current with Cleveland County Emergency Management.**
- **Ability to deploy with discipline within a two-hour window when available.**

Applicant's Name (Last, First, Middle)

Home Address:

City: State:

Zip:

Home phone: Work phone:

Fax no.: Pager no.:

Mobile no.:

Email (work):

Email (home):

Drivers License #: State issued:

Class:

Check the area of employment that best describes your professional organization:

Fire Department EMS Provider Law Enforcement

Medical Professional Construction/ Engineering Other

Specify: Full-time Part-time Volunteer

Description of organization if other: _____

Departments Name: _____

Rank/Position: _____ Agency Address: _____

City: _____ State: _____ Zip: _____

Agency Representative: _____ Phone no.: _____

Agency Representative Signature: _____ Date: _____

Notary Signature: _____ Date: _____ (Notary Stamp)

Applicants Name: _____

Training Courses: (Please describe the training courses you have attended as they relate to the position you are applying for, use additional pages if necessary.)

Course Title	Hours	Date	Sponsoring Organization
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Additional Experience: (List applicable skill sets, committees, projects, seminars that focus upon the positions in the CCSAR Response system on and additional page.)

ENDORSEMENTS:

Applicant: I certify that the information recorded on this application is true and correct. If selected, I agree to comply with all CCUSAR requirements as identified by the CCUSAR Standard Operating Procedures.

Signature Date

Fire Chief/ Agency Head and/or designee: I endorse the above applicant who will represent our agency .

Signature Date

Print endorsers name:

Do not fill out below this line: Office use only

Received by Agency Administrators date: _____ Initial Agency Admin: _____