



BUTTE COUNTY TECHNICAL RESUCE TEAM CHECKLIST

Please include the following items with your packet. **Incomplete packets will be returned.**

- Application
- Resume
- Supervisor Approval (Battalion Chief signature required)

Copies of the following training:

- EMS
- RS 1
- LARRO
- RS II
- Confined Space Operations
- Trench Rescue
- Rope Rescue Technician
- Swiftwater Operations
- Swiftwater Technician
- Boat Operations
- Haz Mat FRO
- ICS 100 & 200
- NIMS 700

BUTTE COUNTY FIRE TECHNICAL RESCUE TEAM APPLICATION



NAME		DATE
WORK ASSIGNMENT	PHONE	EMAIL
TRT DISCIPLINE APPLYING FOR		
<input type="checkbox"/> WATER RESCUE TEAM		
<input type="checkbox"/> TECHNICAL RESCUE TEAM		
Reason for joining:		
Signature:		Date:
<hr/>		



TEAM MEMBERS COMMITMENT TO THE RESCUE TEAM

The Technical Rescue Team trains on an average 8 hours per month and I understand that some of these trainings may take place on my normal days off. I am committing to attending drills and maintaining a task book of skills. I realize that being part of the team my knowledge & skills need to be capable of functioning at a high technical level. The task book needs to be completed every two years and I will make my best effort to complete my task book as well as respond to calls.

Signature _____

Date _____

SUPERVISORS COMMITMENT OT SUPPORT TECHNICAL RESCUE TEAM MEMBER

The Technical Rescue Team trains 8 plus hours a month and this training is required in order to maintain the high level of technical expertise required to mitigate certain calls. Most of the training will be posted on our Local Unit Training Calendar. I have talked to _____ (print name) and my signature implies that I fully support the employee listed and will make reasonable efforts to ensure they have an opportunity to train and respond to the various technical rescue needs within the County of Butte. On occasion, team members will need to attend either update training or new 40 hours courses. Team members will also be encouraged to participate in BIRG drills from time to time.

Supervisors Signature _____

Date _____

MUST BE SIGNED BY EMPLOYEE AND SUPERVISOR OR APPLICATION WILL BE RETURNED