



GREENVILLE COUNTY SPECIAL OPERATIONS TEAM APPLICATION

New Team Member

Update Member

PERSONAL INFORMATION

First Name	Last Name
Home Address	Last 4 of SSN
City, State, Zip	DL# & Class
Cell Number	Cellular Provider
Phone Type	Android iPhone
Email	
Emerg. Contact	Phone
Emerg. Contact 2	Phone

DEPARTMENT INFORMATION

Department/Organization			
Address			Office Phone
City, State, Zip			
Job Title			
Mutual Aid Agreement Signed			
Other Memberships	SCTF1	SCTF6	H.A.R.T.

TRAINING CERTIFICATIONS

Hazardous Materials Certifications (Check all that apply)

Hazmat Awareness
Hazmat Operations
Hazmat Technician
Hazmat Specialist
Chlorine Response Specialist
Risk Based Response Air Monitoring

Technical Rescue Certifications (Check all that apply)

3310 Tech Rescuer/Rope Ops
3316 Rope Rescue High Angle Ops
3350 and/or Equivalent Water Rescue Operations
3390 Confined Space Entry Operations
3312 Trench Rescue 1
3392 Confined Space Rescue
Collapse Shoring Certification
Open Water Dive Certification
Public Safety Dive 1
Public Safety Dive 2

ICS Certifications (Check all that apply)

ICS 100
ICS 200
ICS 300
ICS 400
ICS 700
ICS 800

Fire Certifications (Check all that apply)

1210 EVDT
1211 Class E
1220 Pump Ops
1250 Aerial Ops
1153 Firefighter 1
1154 Firefighter 2
1181 Wildland Fire Training
2150 Incident Safety Officer
Fire Officer 1
Fire Officer 2
Fire Officer 3
Fire Officer 4

Aircraft Rescue Certifications (Check all that apply)

3400 Airport Firefighter
3402 Municipal FD Approach to Aircraft Rescue
3409 ARFF Foam and Flammable Liquids Firefighting

Emergency Medical Certifications (Check all that apply)

1800 Emergency Medical Responder
1820 EMT Basic
Paramedic
Tox Medic

Additional Certifications not mentioned above, if applicable:

Select the discipline(s) you are applying to be apart of: (Check all that apply)

- Collapse, Trench and Shoring
- Confined Space/ Rope Rescue
- Dive Rescue
- HazMat
- Search & Rescue
- Swiftwater Rescue

COMPLETED BY APPLICANT:

By submitting this signed application, I understand I must attend at least 50 percent of the trainings offered to continue being a part of the team.

Print Applicant Name: _____

Applicant Signature: _____ *Date:* _____

COMPLETED BY SUPERVISOR:

I, _____, (name & title) give permission to _____ to become a member of the **Greenville County Special Operations Team** and understand that he/she will be covered by our Workman's Compensation Insurance during scheduled training and when responding under mutual aid agreements.

Department/Organization: _____

Supervisors Signature: _____ *Date:* _____