



Department of Emergency Management
County of Onondaga

421 Montgomery Street, sub-level
Syracuse, NY 13202

**Application For Membership
Regional Hazardous Materials Response Team
(RHRT)**

HAZ-MAT TECH

SUPPORT TEAM

REQUIREMENTS FOR MEMBERSHIP

All members will participate in scheduled drills and exercises throughout the training year. Training activities will be sufficient to support and achieve at least the minimum federally mandated standards and provide for self-confidence.

1. Be an active member of a fire department, ambulance agency, or business in Onondaga County.
2. Medical and Technical requirements
 - a. Be certified medically fit to perform Hazmat Technician, EMS or other support functions as attested to by applicant's Fire/EMS department physician or personal physician.
 - b. Members of business/private sector/ (Allied Professional) who provide technical support will require medical certification.
 - c. Participate in annual fit testing for any required mask and respiratory protective equipment.
3. Members will submit to the County Baseline Testing Program.
4. Training Competency
 - a. **Hazmat Technician:** must have completed NYS HAZMAT Technician-Basic, or NYS HAZMAT Technician-Advanced, and Radiation Safety Courses, or their equivalent.
 - b. **Allied Professional and Support** members will maintain qualification and skills relevant to their specialty or function as attested to by credentialing, business industry standards or independent evaluation.
5. Members must achieve these basic requirements to remain an active member the with Regional Hazmat Response Team (RHRT) or participate in Hazmat response.



Application For Membership Regional Hazardous Materials Response Team (RHRT)

HAZ-MAT TECHNICIAN

SUPPORT TEAM

APPLICANT INFORMATION

Name _____ Home Phone _____
 Home Address _____ Work Phone _____
 City/Town _____ Zip _____ Fax # _____
 Email _____ Pager # _____ Cell Phone _____

EMERGENCY CONTACT (S)

Name _____ Home Phone _____
 Home Address _____ Work Phone _____
 City/Town _____ Zip _____ Fax # _____
 Email _____ Pager # _____ Cell Phone _____

Name _____ Home Phone _____
 Home Address _____ Work Phone _____
 City/Town _____ Zip _____ Fax # _____
 Email _____ Pager # _____ Cell Phone _____

FIRE/EMS SERVICE INFORMATION

Name of Current Affiliation _____
 Address _____
 City/Town _____ Zip _____
 Date Joined _____ Current Rank/Position _____

List all Fire/EMS organization(s) where you have been a past member

Department/Agency	Dates of Membership	Department/Agency	Dates of Membership
_____	_____	_____	_____
Department/Agency	Dates of Membership	Department/Agency	Dates of Membership
_____	_____	_____	_____



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CERTIFICATION

I, _____ being an active member of _____

do hereby apply for membership with the Regional Hazmat Response Team as a

HAZ-MAT TECH

SUPPORT TEAM

I have read and understand the requirements for membership and by my signature below, agree to them. I certify that the information on this application for is true and correct to the best of my knowledge.

Applicant Signature

Date

AUTHORIZATION

I, _____ the chief officer of or supervisor at _____

certify that the above named applicant; _____ is an active member in good standing of this organization. I further certify that the applicant is medically qualified to perform his/her duties as certified by our Department/Agency physician _____ after passing our organization's medical requirements.

The above applicant has my permission and support to become a member of the Regional Hazardous Materials Response Team

Authorized Signature

Date