



**Department of Emergency Management
County of Onondaga**

421 Montgomery Street, sub-level
Syracuse, NY 13202

**Application For Membership
Onondaga County Special Operations Team**

**Hazardous Materials Group
Technical Rope Rescue Group
Search and Rescue Group**

REQUIREMENTS FOR MEMBERSHIP

1. Be an active member of a fire department, ambulance corporation or business.
2. Medical and Technical requirements
 - a. Be certified medically fit to perform firefighting or EMS duties by applicant's fire/EMS department physician or personal physician.
 - b. Members of business will provide technical support only and will not need firefighting or EMS skills.
3. Will submit to the County Baseline Testing Program.
4. Training Competency
 - a. Completed NYS Hazmat I & Hazmat II and Radiation Safety Courses, or their equivalent.
 - b. EMS members must have awareness level certification and be a minimum of EMT.
 - c. Rope rescue personal will be trained to at least level 1 per O.C.S.O.T.R.T
5. Will participate in at least 6 group drills and 2 full County Special Operation Team drills annually
6. Will maintain an active membership with the County Special Operations Team for at least 3 years from date of acceptance.



Application For Membership

Onondaga County Special Operations Team

HAZ-MAT GROUP TECHNICAL ROPE RESCUE GROUP SEARCH AND RESCUE GROUP

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 that 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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COMPLETED TRAINING

Applicant Name _____

To be considered for membership on a Special Operations Team, candidates must include photocopies of all completed training with the application. Acceptable training is provided by a government agency, or other federally or state certified training agency.

Course Title

Date Completed

Training Provider

Course Title	Date Completed	Training Provider
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
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_____	_____	_____
_____	_____	_____



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CERTIFICATION

I, _____ being an active member of _____

do hereby apply for membership with the Onondaga County Special Operations Team as

HAZ-MAT GROUP **TECHNICAL ROPE RESCUE GROUP** **SEARCH AND RESCUE GROUP**

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 Onondaga County Special Operations Team membership is true and correct to the best of my knowledge.

Applicant Signature

Date

AUTHORIZATION

I, _____ the chief officer of _____

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 _____ in accordance with all physical/medical requirements associated with organization membership.

The above applicant has my permission and support to become a member of the Onondaga County Special Operations Team **HAZ-MAT GROUP** **TECHNICAL ROPE RESCUE GROUP** **SEARCH AND RESCUE GROUP**

Authorized Signature

Date