

Colchester Technical Rescue Application Packet

Thank you for your interest in becoming a member of the Colchester Technical Rescue (CTR) Team.

This Task force is a volunteer Urban Search and rescue Team that is authorized as a State of Vermont Mobile Support Unit.

CTR conforms to US&R Operational Procedures that were developed by FEMA. CTR is a 25-person Task Force comprised of five major functional elements: Search, Rescue, Medical, Logistics, and Planning, including associated supervisory positions. The team also complies with current NFPA and IADRS standards for water rescue.

Members of the CTR Team Membership Committee will review your application and all of the attached documents. Your application package will be reviewed for training and certification suitable to your prospective assignment to the team.

The Selection Process will take into consideration the following:

- Applicant submits a completed CTR Application Packet
- Applicant successfully passes the Physical Ability Test
- Applicant successfully passes the application review by the Membership Committee
- Applicant successfully passes an oral interview, skills assessment, and prerequisites for rope and confined space operation levels.

Attach copies or originals of the following as appropriate: *(check as appropriate)*

- Valid state motor vehicle operator license
- CPR/First Responder Certificate
- EMT/AEMT/Paramedic/MD license or certificates of training
- Engineering Certificate if you are a structural engineer
- Training certificates (where appropriate)
- Resume describing any suitable experiences
- A short letter detailing your goals, interests, and experiences

Complete this application and forward it with all attachments to:



Colchester Technical Rescue
687 Blakely Road
Colchester, VT 05446
Attn: Membership Committee



Colchester Technical Rescue Candidate Application

Personal Information

| | | | |
|--------------|------------|-----|-------------------|
| Last Name | First Name | MI | Social Security # |
| Home Address | | | Date of Birth |
| City | State | Zip | E-mail |

Emergency Contact Information

| | | | |
|-----------------------------|--------------|-------|------------------|
| Primary Emergency Contact | Relationship | Phone | Alternate Number |
| Secondary Emergency Contact | Relationship | Phone | Alternate Number |

Employer/ Department/ Agency Information

| | | | |
|-------------------------------|-------|-------|--------------------------|
| Current Employer | City | State | Number of years Employed |
| Supervisor Name | Phone | | |
| Department/Agency Affiliation | City | State | Number of years Employed |
| Supervisor Name | Phone | | |
| Supervisor Signature | | | |

References (Other than Relatives)

| | | | |
|------|-------|------|-------|
| Name | Phone | City | State |
| Name | Phone | City | State |

Convictions

| | | |
|----|-----|--|
| No | Yes | If yes, then please include separate paper with explanation of conviction. |
|----|-----|--|

Qualifications- Please circle all qualifications applicable and fill in those not listed.

| Skill/ License | Description (Awareness, Operations, Technician, etc.) | License # | Date Issued | Expiration Date |
|----------------|---|-----------|-------------|-----------------|
| EMT | | | | |
| Advanced EMT | | | | |
| Paramedic | | | | |

| | | | | |
|---------------------------------------|--|--|--|--|
| RN | | | | |
| MD | | | | |
| Other Healthcare Provider (ie: PA) | | | | |
| Amateur/ Commercial Radio License | | | | |
| FF I | | | | |
| FF II | | | | |
| Rope Rescue | | | | |
| Confined Space Rescue | | | | |
| Trench Rescue | | | | |
| Structural Collapse Rescue | | | | |
| Swift water Rescue | | | | |
| Ice Rescue | | | | |
| Shoring | | | | |
| Rigging | | | | |
| Welding/ Cutting | | | | |
| Use of Rescue Tools (Specify) | | | | |
| Search Operations | | | | |
| Construction Equipment Operator | | | | |
| Construction Techniques | | | | |
| CISD Training | | | | |
| Military Experience | | | | |
| Military Aircraft Experience | | | | |
| Supervisory Experience | | | | |
| NIMS/ICS 100, 200, 300, 400, 700, 800 | | | | |
| Valid State Drivers License | | | | |

Other Qualifications/Skills/ Certifications

| Skill/ License | Description | License # | Date Issued | Expiration Date |
|----------------|-------------|-----------|-------------|-----------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

PLEASE ATTACH COPIES OF ALL CERTIFICATIONS TO THIS APPLICATION!

Explanation of Training and Experience

Describe any training and experience for the certifications/skills marked on this application:

Other Qualifications/ Information

Position Applied for: (you may list up to three positions as defined in the position description, in a descending order of preference.)

| <i>Position</i> | <i>CTRT</i> |
|-----------------|-------------|
| 1. | |
| 2. | |
| 3. | |

As part of the Colchester Technical Rescue application or screening process, I understand that Colchester Technical Rescue will conduct a background and reference check, which will include a review of public records, my criminal history, driving record, and inquiries of my former employers, and organizations to which I belong, and the references which I have provided regarding my qualifications for membership.

I hereby authorize Colchester Technical Rescue to conduct a background and reference check as part of my application or contracting process.

I also attest the information on this application is correct and factual to the best of my knowledge. Any intentional misrepresentation may lead to denial of membership.

Signature: _____

Date: ___/___/___

Office Use Only:

Approved or *Denied*

Rec'd Date ___/___/___

Interview Date ___/___/___

Comments: _____

CTR Physical Ability Test

This Physical Ability Test will be conducted at a designated time and place and will basically incorporate the following events:

Event 1: Confined Space Entry

Crawl through a tube 20 feet long and 22 inches in diameter by crawling from one end to the other, then reversing direction crawling backward to the point of origin.

Event 2: Ladder Climb

Ascend a 35-foot fire department ladder; touching the top rung with one hand and then descending back to the ground without stopping while going up or down the ladder.

Event 3: Equipment Carry

Lift a 50-pound box from an elevated surface and carry it in a walking carry for 200 feet without putting the box down and then returning the box to the starting point. Dropping the box also constitutes a failure of this test.

Event 4: Tool Carry

Lift a 48-pound hydraulic tool from the lift gate of a trunk and place it on the ground, then return the tool back to the lift gate. This procedure will be repeated ten times within a two minute time period. Hands may be switched provided the Applicant verbally indicates that switching of hands is desired before actually doing so.

Event 5: Balance Beam Walk

Walk the length of a 12-foot beam that is four inches wide unsupported and unassisted. Falling *off* or stepping from the beam constitutes a failure of this test.

This physical ability test is the minimum required for certification as a CTR Team Member.

I.A.D.R.S. ANNUAL WATERMANSHIP TEST

Evaluation Parameters

There are five exercises that evaluate stamina and comfort in the water, each rated by points. The swimmer/diver must successfully complete all stations and score a minimum of 12 points to pass the test. The test should be completed with not more than 15 minutes between exercises.

Exercise 1: 500 Yard Swim

The diver must swim 500 yards without stopping using a forward stroke and without using any swim aids such as a dive mask, fins, snorkel, or flotation device. Stopping or standing up in the shallow end of the pool at any point during this exercise will constitute a failure of this evaluation station.

| <u>Time to Complete</u> | <u>Points Awarded</u> |
|-------------------------|-----------------------|
| Under 10 minutes | 5 |
| 10-13 minutes | 4 |
| 13-16 minutes | 3 |
| 16-19 minutes | 2 |
| More than 19 minutes | 1 |
| Stopped or incomplete | Incomplete |

Exercise 2: 15 Minute Tread

Using no swim aids and wearing only a swimsuit the diver will stay afloat by treading water, drown proofing, bobbing or floating for 15 minutes with hands only out of the water for the last 2 minutes.

| <u>Performance Criteria</u> | <u>Points Awarded</u> |
|---|-----------------------|
| Performed satisfactorily | 5 |
| Stayed afloat, hands not out of water for 2 minutes | 3 |
| Used side or bottom for support at any time | 1 |
| Used side or bottom for support >twice | Incomplete |

Exercise 3: 800 Yard Snorkel Swim

Using a dive mask, fins, snorkel, and a swimsuit (no BCD or other flotation aid) and swimming the entire time with the face in the water, the diver must swim nonstop for 800 yards. The diver must not use arms to swim at any time.

| <u>Performance Criteria</u> | <u>Points Awarded</u> |
|-----------------------------|-----------------------|
| Under 15 minutes | 5 |
| 15-17 minutes | 4 |
| 17-19 minutes | 3 |
| 19-21 minutes | 2 |
| More than 21 minutes | 1 |
| Stopped at any time | Incomplete |

Exercise 4: 100 Yard Inert Rescue Tow

The swimmer must push or tow an inert victim wearing appropriate PPE on the surface 100 yards nonstop and without assistance.

| <u>Performance Criteria</u> | <u>Points Awarded</u> |
|-----------------------------|-----------------------|
| Under 2 minutes | 5 |
| 2-3 minutes | 4 |
| 3-4 minutes | 3 |
| 4-5 minutes | 2 |
| More than 5 minutes | 1 |
| Stopped at any time | Incomplete |

Exercise 5: Free Dive to a depth of nine feet and retrieve an object

| <u>Performance Criteria</u> | <u>Points Awarded</u> |
|-----------------------------|-----------------------|
| Performed satisfactorily | Pass |
| Stopped or incomplete | Incomplete |

Characteristics of Urban Search and Rescue Operations

Structural collapse and rescue operations are performed in very dangerous and physically demanding environments. Personnel involved in Search and Rescue (SAR) operations must possess the stamina necessary to safely and effectively carry out sustained operations over many hours, often without sleep or sufficient relief.

For CTRT personnel to safely and effectively perform the duties and missions assigned to the Task Force, each Member must be relied on to be able to perform sustained physical tasks under difficult and dangerous conditions.

CTRT personnel must possess sufficient upper body strength to transport, handle and operate heavy tools and equipment. Each Member of CTRT who enters a collapsed building must be capable of:

1. Negotiating rubble piles and uneven surfaces
2. Working in confined spaces
3. Climbing ladders and working at various heights
4. Quickly exiting void spaces to escape dangers associated with the secondary collapse of a structure
5. Capable of swimming long distances with strong currents

All Members of CTRT are required to be physically and medically capable of performing various Search & Rescue tasks. Task performance abilities and individual conformance to mandatory physical standards will be tested annually. Determinations regarding any CTRT Member's fitness for duty must consider the Member's ability to perform any and all of the critical tasks in a safe and efficient manner without risking harm to the Team Member, other Team Members and to the public.

Please ask your physician to review the following critical tasks listed on the following pages and to check the applicable box for each critical task and to certify the results.

A check in the "**Yes, Without Limitations**" column indicates that the physician believes that the Applicant is medically capable of performing the task or requirement described;

A check in the "**Yes, With Limitations**" column indicates the physician believes that the Applicant is medically capable of performing the task or requirement described, but with some limitations. This box should also be checked whenever the Applicant has a condition that is controlled by medication;

A check in the "**No**" column indicates the physician believes that the Applicant is medically or physically incapable of performing the task or requirement described in a safe or efficient manner due to a medical or physical condition.

| Condition or Task Described (Check the appropriate box to the right) | Yes, Without Limitations | Yes, With Limitations | No |
|--|---------------------------------|------------------------------|-----------|
| Must be able to function in stressful environments without presenting a significant likelihood of harm to self or others | | | |
| Must be able to crawl through a 20' long, 22" in diameter tube, then reverse direction and crawl backward 20' to the starting point | | | |
| Must be able to pick up a box or similar object with a gross weight of 50 pounds and carry it 200' and then back another 200' over a smooth and level concrete or asphalt surface without putting the box down or dropping it | | | |
| Must be able to remove a 48 pound hydraulic rescue tool from the lift gate of a truck, set the tool on the ground, then return the tool to its position, alternatively from the ground to the vehicle bed and back to the ground, 10 times within a two minute test period | | | |
| Must be able to walk the length of an elevated, 12' long, 4" wide beam without stepping off or falling from the beam | | | |
| Must be able to push, pull, lift and possess the necessary ability, leverage and balance to attempt rescue of Team Members or collapsed structure victims | | | |
| Must be able to lift, hold, carry, leverage, balance and possess the endurance to move a Team Member or collapsed structure victim who cannot move or assist with their removal | | | |
| Must possess stamina, strength, balance, endurance, leverage and upper and lower body strength to take the actions necessary to effect a rescue | | | |
| Must possess the ability to be trained in the use of heavy hydraulic tools, i.e., possess sufficient grip strength, upper body strength, and good wrist, hand or elbow dexterity | | | |

| | | | |
|---|--|--|--|
| Must be able to walk, for long periods of time over long distances | | | |
| Must be able to climb over or jump over obstacles during emergency situations | | | |
| Must be able to crawl under or over obstructions and into confined areas | | | |
| Must be able to balance on uneven or narrow surfaces | | | |
| Must have good visual acuity, good peripheral vision, and good depth perception both during daylight hours or in darkness | | | |
| Must be able to perform each task listed above during all weather conditions and in adverse and physically hazardous conditions | | | |
| Must be able to climb a 35' ladder, touch the top rung and then descend to the floor without stopping or resting | | | |

Physician's Certification

Name of Applicant: _____

On the date listed below, I have:

Reviewed the medical records of this Applicant: Yes No

Personally examined this Applicant: Yes No

Please check one of the following boxes:

1. I certify that, in my professional judgment, I am not aware of any medical reason or condition that would cause this Applicant to not be able to perform the critical tasks and physical standards listed on this form. Further, this Applicant should be able to physically perform these tests without limitations and without posing an unreasonable risk of harm to the Applicant or to other persons.
2. I certify that, in my professional judgment, this Applicant cannot perform one or more of the listed critical tasks or does not conform to all of the physical standards listed on this form.

Other Instructions to Physician:

If you checked Box# 2 directly above this line, please explain in the space provided below

If you checked any box of the CTRT Critical Tasks and Fitness Standards on the previous page in either the "**Yes, With Limitations**" column or in the "**No**" column on this form, please explain your reason for doing so in the space provided below. Describe any reasonable accommodations that you believe can be made to permit this Applicant to be able to perform the tasks required or to be able to substantially conform to the standards required. Attach further documentation to this form as required.

Physician's Notes and Comments:

Please indicate date of last completion of the following:

| | | | |
|----------|--------------------|----------|-------------------------|
| __/__/__ | Hepatitis-A Series | __/__/__ | Pulmonary Function Test |
| __/__/__ | Tetanus | __/__/__ | Hepatitis-B Series |
| __/__/__ | Pulmonary Fit Test | __/__/__ | PPD (TB) |