

UNIT MEMBERSHIP APPLICATION TO THE TENNESSEE ASSOCIATION OF RESCUE SQUADS

NAME OF UNIT: _____ DATE: _____

UNIT ADDRESS: _____

PHONE: () _____ FAX: () _____

EMAIL: _____

WHEN ORGANIZED: _____ DATE INCORPORATED: _____

(IF YOUR UNIT OPERATES OR IS CHARTERED UNDER CITY OR COUNTY GOVERNMENT,
PLEASE INCLUDE LETTER FROM GOVERNMENT OFFICIAL TO THAT EFFECT.)

UNIT MEMBERSHIP IS: VOLUNTEER PAID COMBINED % ____ / ____.

VOL PAID

NUMBER OF MEMBERS _____ (MINIMUM OF 15 MEMBERS REQUIRED) Units consisting of less than fifteen (15) members, organized and operating in a county not served by a TARS member squad/unit shall be considered on a case-by-case basis.

OUTLINE GENERAL TRAINING REQUIREMENTS OF MEMBERS:

WHAT GENERAL AREA DOES THE UNIT SERVE:

(IF POSSIBLE INCLUDE MAP SHOWING GENERAL BOUNDARIES AND SERVICE AREA)

UNDER YOUR PRESENT SET-UP, WOULD YOU BE ABLE TO ENTER INTO A MUTUAL AID AGREEMENT WITH OTHER ASSOCIATION UNIT MEMBERS? YES NO

WHAT IS YOUR ARRANGEMENT FOR RECEIVING AND ANSWERING CALLS:

IF ACCEPTED _____ HAS BEEN ELECTED BY OUR UNIT TO SERVE ON

(NAME OF YOUR PROPOSED UNIT DIRECTOR)

THE ASSOCIATION BOARD OF DIRECTORS AND HAS THE PROXY TO VOTE FOR OUR UNIT IN ALL MATTERS COMING BEFORE THE BOARD AND CONVENTION.

SIGNED: _____ TITLE: _____

(SQUAD OFFICIAL OTHER THAN UNIT DIRECTOR DESIGNATE)

ATTACHMENT CHECKLIST

THIS APPLICATION MUST BE ACCOMPANIED BY:

- ROLL OF MEMBERSHIP FORMS
- DIRECTORY INFORMATION FORMS
- COPY OF UNIT BY-LAWS OR S.O.P.'s
- COPY OF CHARTER OF INCORPORATION, OR LETTER FROM LOCAL GOVERNMENT IF UNDER THEIR CHARTER.
- TWO LETTERS OF ENDORSEMENT FROM LOCAL GOVERNMENT OFFICIALS OR EMERGENCY AGENCY REPRESENTATIVES
- DUES WILL BE DUE WITHIN 30 DAYS AFTER NOTIFICATION THAT THE SQUAD OR UNIT HAS BEEN ACCEPTED AS A MEMBER.

EXAMPLE: 15 MEMBERS X \$30.00 = \$450.00 + \$100.00 UNIT DUES = TOTAL \$550.00

STATE OFFICE AND MEMBERSHIP COMMITTEE USE ONLY

DATE RECEIVED: _____ LETTERS OF NOTIFICATION SENT: _____ VISIT: YES NO

MEMBERSHIP COMMITTEE ACTION:

BY: _____ BOARD ACTION: _____

TENNESSEE ASSOCIATION OF RESCUE SQUADS

DIRECTORY INFORMATION

UNIT NAME:

THE TWO INDIVIDUALS BELOW ARE LISTED AS CONTACTS IN THE TARS ROSTER AND RECEIVE ALL MAILINGS FROM THE STATE OFFICE. INFORMATION MUST BE COMPLETE AND UPDATED UPON ANY CHANGES IMMEDIATELY.

CHIEF (CHECK ONE TITLE)

OR

CAPTAIN _____ H () _____ B () _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

UNIT DIRECTOR _____ H () _____ B () _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

ADDITIONAL OFFICER CONTACTS

SECRETARY _____ H () _____ B () _____

TREASURER _____ H () _____ B () _____

TRAINING OFFICER _____ H () _____ B () _____

ALL OF THE ABOVE INDIVIDUALS (including Captain/Chief and Unit Director) SHOULD BE LISTED ON THE ACCOMPANYING MEMBERSHIP ROSTER AS WELL, TO INSURE A COMPLETE MEMBERSHIP RECORD ON FILE.

GENERAL INFORMATION

WHEN DOES YOUR UNIT HOLD REGULAR MEETINGS?

WHERE ARE YOUR MEETINGS HELD: _____ TIME: _____
(On reverse side please provide a simple drawing to your building from interstate or main highway.)

DOES YOUR SQUAD HAVE AN ACTIVE GROUP OF *CREWETTES YES NO IF YES, HOW MANY: _____
*Ladies auxiliary or other organized group providing fundraising or logistical support for your unit.

PLEASE NOTIFY THE STATE OFFICE IMMEDIATELY OF ANY CHANGES IN THE ABOVE

TENNESSEE ASSOCIATION OF RESCUE SQUADS

DIRECTORY INFORMATION RESCUE SERVICE CATEGORIES

NOTE: ACTIVE UNIT MEMBERSHIP REQUIRE THE FOLLOWING UNDER ARTICLE III, SECTION (2) FOR CONSIDERATION OF ADMISSION UNDER THIS MEMBERSHIP CATEGORY.

FOR

Shall be equipped and actively engaged in providing at least two (2) of the following service areas or be exclusively specializing in one (1) of the following areas.

- (a). WATER SEARCH/RESCUE & RECOVERY
- (b). LAND SEARCH/RESCUE
- (c). CRASH/VEHICLE EXTRICATION
- (d). TECHNICAL RESCUE (Specialized field as may be indicated)

PLEASE REVIEW RECOMMENDED MINIMUM STANDARD LIST FOR EACH OF THESE FIELDS BEFORE COMPLETING ITEMS I THROUGH 4 ON THIS PAGE.

| | DO NOT PROVIDE THIS SERVICE | PROVIDE SERVICE BUT DO NOT MEET RECOMMENDED STANDARDS | MEET OR EXCEED RECOMMENDED STANDARDS |
|--|-----------------------------|---|--------------------------------------|
| 1. LAND SEARCH AND RESCUE | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. VEHICLE/CRASH RESCUE | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2a. PLEASE INDICATE: NUMBER OF MEDIUM DUTY UNITS PER CHECKLIST _____ NUMBER OF HEAVY DUTY UNITS PER CHECKLIST _____ | | | |
| 3. WATER SEARCH , RESCUE, AND RECOVERY | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3a. PLEASE INDICATE NUMBER OF EQUIPPED BOAT/MOTOR UNITS PER CHECKLIST _____ | | | |
| 4. TECHNICAL RESCUE | | | |
| A. UNDERWATER DIVE RESCUE TEAM | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| B. SWIFTWATER RESCUE TEAM | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| C. HAZARDOUS MATERIALS TEAM | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| D. CAVE RESCUE TEAM | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| E. MOUNTAIN SAR TEAM | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| F. K-9 SEARCH TEAM <input type="checkbox"/> LAND OPERATIONS <input type="checkbox"/> WATER OPERATIONS | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| G. TRENCH RESCUE TEAM | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| H. VERTICAL/HIGH ANGLE RESCUE TEAM | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I. CONFINED SPACE RESCUE TEAM | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

TENNESSEE ASSOCIATION OF RESCUE SQUADS

DIRECTORY INFORMATION

ADDITIONAL EMERGENCY SERVICE CATEGORY INFORMATION

| | | |
|---|--|-----------------------------|
| 5. DO YOU PROVIDE AMBULANCE SERVICE IN YOUR AREA? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 5a. _____ NUMBER OF LICENSED UNITS _____ NUMBER OF UNITS NOT LICENSED BUT COULD TRANSPORT CONVALESCENT OR ACCOMMODATE PATIENT TRANSPORT IN EVENT OF MASS CAUSALITY INCIDENT. | | |
| 6. DO YOU PROVIDE LICENSED MEDICAL FIRST RESPONSE IN YOUR AREA? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 7. DO YOU PROVIDE FIRE SERVICE IN YOUR AREA? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 7a. _____ NUMBER OF PUMPER UNITS _____ NUMBER OF MINI-ATTACK OR BRUSH UNITS _____ NUMBER OF TANKER UNITS _____ OTHER SPECIAL EQUIPMENT OF NOTE (DESCRIBE) | | |
| 8. SPECIALIZED SUPPORT EQUIPMENT | | |
| CHECK ONLY THOSE ITEMS WHICH YOU HAVE EQUIPPED AND FULLY OPERATIONAL | | |
| ITEM | GENERAL DESCRIPTION | |
| <input type="checkbox"/> MASS CASUALTY TRUCK/TRAILER _____ NUMBER OF VICTIMS | Unit should be dedicated for use with adequate medical supplies, blankets, triage marking gear and appropriate equipment for multiple victims as indicated. | |
| <input type="checkbox"/> MOBILE COMMAND POST | Unit should be dedicated for CP operations and be capable of supporting multiple communications, including facsimile and cellular. Should have its own independent power generator and adequate staff planning area for command and administrative functions. | |
| <input type="checkbox"/> MOBILE FIELD KITCHEN | Unit should be self contained and capable of providing food service during field operations. Independent power generator, potable water storage, L.P. gas cooking capabilities or equal are needed, as well as minimal storage capacity for both refrigerated and non perishable food supplies. | |
| <input type="checkbox"/> PORTABLE POWER PLANT _____ Total K.W. Rating _____ Includes fixed or portable lighting | Unit should be a dedicated truck or trailer mounted plant (not a generator on board a crash truck or other vehicle which is designated for other duty) of at least 5 KW power with both 110v and 220v electricity provided through an approved electrical distribution device w/breakers or fuses. | |
| <input type="checkbox"/> OTHER? | | |
| 9. COMMUNICATIONS INFORMATION | | |
| 9a. WHAT IS YOUR PRIMARY COMMUNICATIONS FREQUENCY? _____ . _____ MHZ | | |
| b. DO YOU MAINTAIN AN OPERATIONAL RADIO ON 37.90 MHZ? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| IF YES . . . HOW MANY? | | |

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- (b). LAND SEARCH/RESCUE
- (c). CRASH/VEHICLE EXTRICATION
- (d). TECHNICAL RESCUE (Specialized field as may be indicated)

| | DO NOT PROVIDE THIS SERVICE | PROVIDE SERVICE WITH APPROPRIATE TRAINING AND EQUIPMENT | |
|---------------------------|-----------------------------|---|--|
| 1. LAND SEARCH AND RESCUE | <input type="checkbox"/> | <input type="checkbox"/> | |
| 2. VEHICLE/CRASH RESCUE | <input type="checkbox"/> | <input type="checkbox"/> | |

2a. PLEASE INDICATE: NUMBER OF MEDIUM DUTY UNITS PER CHECKLIST _____
NUMBER OF HEAVY DUTY UNITS PER CHECKLIST _____

| | | | |
|--|--------------------------|--------------------------|--|
| 3. WATER SEARCH , RESCUE, AND RECOVERY | <input type="checkbox"/> | <input type="checkbox"/> | |
|--|--------------------------|--------------------------|--|

3a. PLEASE INDICATE NUMBER OF EQUIPPED BOAT/MOTOR UNITS PER CHECKLIST _____

| 4. TECHNICAL RESCUE | | | |
|--|--------------------------|--------------------------|--|
| A. UNDERWATER DIVE RESCUE TEAM | <input type="checkbox"/> | <input type="checkbox"/> | |
| B. SWIFTWATER RESCUE TEAM | <input type="checkbox"/> | <input type="checkbox"/> | |
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