

**MABAS 24
HAZARDOUS MATERIALS RESPONSE TEAM**

APPLICATION

To the Chief Officer of the Fire Department:

The applicant will have provided you with a copy of the guidelines for the MABAS 24 hazardous Materials Response Team. Your role is as important as that of the applicant(s). Your review of this application, and your signature, indicates your understanding and acceptance of the impact created by the applicant's participation, if approved, as a Team Member of MABAS 24 Hazardous Materials Response Team. Procedures to activate the member for an incident, possible response in a department vehicle(s), use of approved department issued turnout gear. Use, if available, of SCBA and spare cylinder provided by the applicant's home department, possible time constraints concerning discussion/training meetings, and the time these aspects into consideration during the applicants process.

To the Applicant:

Participating in the MABAS 24 Hazardous Materials Response Team will affect you in many ways. The Fire Service and EMS have always realized the need and value of continuing training and education in maintaining proficiency and MABAS 24 Hazardous Materials Response Team operations are no different. The greatest impact will be on your time and availability to you r home life, your department, and to any outside pursuits you enjoy. The decision to apply for MABAS 24 Hazardous Materials Response Team membership should involve discussion with your chief officer, spouse, parents and/or guardian, etc.

To the Chief Officer and the Applicant:

The MABAS 24 HMRT makes every attempt to meet NFPA standards 471, 472, 473 and OSHA 29 CFR 1910.120 guidelines as required. It is the home department's responsibility to insure that their representing team member(s) meet the requirements of those standards and code. The MABAS 24 HMRT provides regular training. It is the responsibility of the individuals department to provide the member with the various hazmat certifications and physicals as required.

Chief Officer's Signature: _____ Date: _____

Applicant's Signature: _____ Date: _____

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Date: _____

Applicant Information:

Member of: _____ Fire Department

Name: _____

Home Address: _____

Home Phone: (____) _____ - _____ Department Phone: (____) _____ - _____

Age: _____ DOB: ____/____/____ SSN: ____/____/____

Driver's License Number: _____ State Issued: _____

Class: _____ Expiration Date: _____

Present Employer (if not full-time fire dept.) _____

Address: _____

Normal work shift/hours: _____

Medical Information:

Medical Problems: Yes ____ No ____

Hearing Difficulties: Yes ____ No ____

Vision Problems: Yes ____ No ____

Do you wear glasses: Yes ____ No ____

Do you wear contacts: Yes ____ No ____

If you answered "Yes" to any of the above, provide a full explanation on a separate sheet.

I hereby agree to take a physical and/or other examination(s) as required by the MABAS 24 Hazardous Materials Response Team (MABAS24HMRT) and authorize the MABAS24HMRT to investigate all information provided in this application. I further understand my signature authorizes officials of MABAS24HMRT Advisory Board to conduct a personal history check. I authorize any agency to release information pertaining to my personal or work history to MABAS24HMRT. I am responsible for reading and following the MABAS24HMRT Policies and Procedures. I understand that misrepresentation or omissions of facts called for in this application is cause for rejection and/or dismissal from the MABAS24HMRT.

Signature of Applicant: _____ Date: _____

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Name: _____

Home Fire Department: _____ Years of Service: _____

Current Fire Certification:

FFII _____ Instructor I _____ Fire Officer I _____

FFIII _____ Instructor II _____ Fire Officer II _____

Instructor III _____

Confined Space/Trench Rescue Awareness: Yes _____ No _____

Current Haz-Mat Certification:

Awareness: _____ Technician A: _____

Operations: _____ Technician B: _____

Incident Command: _____

Please provide a list of other certification(s) you have obtained:

Current Fire Department Rank: _____

Full-Time: _____

POC/Volunteer: _____