

Kansas Search & Rescue Response System

Application for Membership

(Complete and sign this application packet electronically according to the procedures identified in Administrative Guideline AG01)

DOWNLOAD AND SAVE APPLICATION PACKET TO YOUR COMPUTER PRIOR TO STARTING APPLICATION

Date: _____ Affiliation: _____
Name: _____ Address: _____
City: _____ State: _____ Zip Code: _____
Mobile Phone: _____ Email Address: _____
Agency/Employer: _____
Years of Service: _____ Current Position: _____

A background check is required before membership can be approved. By submitting the following information, the applicant agrees to allow the OSFM Investigations Division to complete a background check initially, as well as periodically throughout the term of membership.

Name on Driver's License: _____

DOB: _____ Gender: _____ DL State: _____ DL #: _____

The following forms must be completed and submitted along with this application:

- Individual Letter of Commitment
- Code of Conduct
- Fit for Deployment

I certify that, to the best of my knowledge, the information in and attached to this application is true, correct, and made in good faith. I understand that false or fraudulent information in or attached to this application may be grounds for dismissal from the Kansas Search & Rescue Response System.

Applicant's Signature

Date

Applicant: Once the application and all forms are completed and signed by you, the entire packet must be submitted to your agency/employer to begin the approval process.

Kansas Search & Rescue Response System
Individual Letter of Commitment

By signing below the Applicant understands that:

- Membership in the Kansas Search & Rescue Response System is voluntary and as such will not be subject to compensation from the State of Kansas or the OSFM except as agreed upon through a Memorandum of Understanding (MOU) between the OSFM and either the applicant or the applicant's agency/employer. Any compensation to an applicant from a Participating Agency for his/her time attending training, regional or state exercise, or actual deployments is the responsibility of the applicant's agency or employer. Affiliated Members will be compensated by the OSFM as agreed upon through an individual MOU.
- The applicant will be subject to an initial background check by the Office of the State Fire Marshal, as well as periodically throughout the term of membership.
- The applicant will be required to provide an annual Fit for Deployment verification signed by a Physician or the Participating Agency's Chief/Director; submit pertinent medical information necessary for an incident deployment; and be subject to a pre and/or post deployment medical screening.
- The applicant must adhere to all administrative and operational plans, policies and procedures, standard operating guidelines, etc. established by the OSFM, as well as those established by the regional US&R resource. Applicant may be required to operate in a position on the US&R resource that does not necessarily reflect his/her rank with the agency/employer.
- The applicant will be required to meet the administrative, general, and position specific training requirements identified for the US&R position he/she is assigned to. Applicants will be required to attend position specific training, regional or state training and exercise, operational readiness drills, etc.
- The applicant may be required to deploy in Kansas for a period of up to 7 days, or out of state for a period up to 14 days. Note: Each applicant and agency will determine their desire and ability to participate in interstate missions. (*Length of deployment will depend on incident type but the maximum duration should be anticipated.*)
- Membership in the Kansas Search & Rescue Response System can be cancelled at any time by the applicant, the applicant's Agency/Employer, or the OSFM.

Applicant's Printed Name

Signature

Date

Kansas Search & Rescue Response System Code of Conduct

To ensure that each member of Kansas Search & Rescue Response System continuously represents themselves, their agency/employer, the Office of the State Fire Marshal, and the State of Kansas in the most professional manner, this Code of Conduct has been developed. The Task Force Leader (TFL) and/or other supervisory personnel shall reinforce this Code of Conduct during appropriate briefings and continually monitor for compliance. Violations will be documented and appropriate follow-up action taken upon return to the home jurisdiction.

- Maintain the physical and mental fitness necessary to carry out the responsibilities of any assigned position. Maintain personal readiness even when unassigned.
- Be concerned and protective of each member's welfare. Do not engage in discrimination, bullying, or any other activity that would be detrimental to any individual or organization.
- Do not use or be under the influence of alcohol or illegal drugs while engaged in training or deployment activities.
- Do not carry or transport explosives, fireworks, or unreasonably dangerous or volatile materials while engaged in training or deployment activities. The possession and transport of firearms while engaged in training or deployment activities should be limited to the use of force protection unless otherwise allowed by law. Members shall not carry firearms on any interstate deployment.
- Use approved guidelines for the procurement of equipment or supplies. Do not remove any property regardless of value, without authorization.
- Respect and care for all assigned equipment and utilize the appropriate personal protective equipment and clothing at all times.
- Do not use personal cell phones or other devices to distribute any information or pictures regarding TF/Team operations through email, text, social media, etc., without the approval of the Office of the State Fire Marshal.
- Operate safely and use sound judgment at all times.
- Use appropriate radio protocols including "clear text".
- Respect and follow the chain of command.
- Act professionally at all times, remembering that your actions reflect on others.

Deviations from this Code of Conduct are expected to be rare. In any case, justification of such is the responsibility of the member. Given ultimate responsibility for the conduct of the assigned members, the TFL or other supervisory personnel may remove any member from service if that member is deemed to be insubordinate or otherwise in violation of this Code of Conduct.

Applicant's Printed Name

Signature

Date

**Kansas Search & Rescue Response System
Fit for Deployment Form**

Applicant Name: _____

Search and Rescue Operations

Search and rescue operations are often performed in very dangerous and physically demanding environments. For everyone's safety, individuals involved in these operations must be able to safely and effectively perform the duties and missions assigned, under difficult and dangerous conditions.

The individual must possess the ability to meet the requirements of his/her assigned position, as well as:

- Possess the capability to safely and effectively carry out sustained operations over extended periods
- Negotiate rubble piles and uneven surfaces safely
- Work in confined spaces including collapsed or unstable buildings
- Wear and utilize a respirator or breathing apparatus
- Work at various heights, above and below grade
- Operate in and around swiftwater or flood conditions

This form must be completed annually and kept on file in the individual's personnel file.

Verification can be made in either of two ways, by the Chief/Director of the Participating Agency, or by a Physician who has examined the applicant.

Chief/Director of Participating Agency Verification

Based on this individual having successfully met the agency's physical/medical requirements, I verify that he/she is **fit for deployment** as a member of Kansas Search & Rescue Response System.

Chief/Director Name

Signature

Date

Applicant Name: _____

Physician Verification

On the date below, I have:

Reviewed the medical records of this applicant:

Yes

No

Examined this applicant:

Yes

No

I certify that, in my professional judgment, I am not aware of any physical or medical reason or condition that would hinder this applicant's ability to perform any of the tasks listed on Page 1 of this form. Furthermore, this applicant should be able to physically perform without limitations and without posing an unreasonable risk of harm to the applicant or to other persons.

Comments:

Physician Name

Signature

Date

Participating Agency/Employer Approval

I have reviewed this application packet and give agency/employer approval for this applicant to participate in the Kansas Search & Rescue Response System.

Printed Name: _____

Signature: _____

Date: _____

Program Manager/Sponsoring Agency Approval

I have reviewed this application packet and give Sponsoring Agency approval for this applicant to participate in the Kansas Search & Rescue Response System.

Printed Name: _____

Signature: _____

Date: _____

Office of the State Fire Marshal Approval

The applicant has received background clearance from the Investigation Division and I give Office of the State Fire Marshal approval for this applicant to participate in the Kansas Search & Rescue Response System.

Printed Name: _____

Signature: _____

Date: _____