

CUMBERLAND COUNTY SPECIAL HAZARDS OPERATIONS TEAM MEMBERSHIP APPLICATION INFORMATION

Thank you for your interest in the Cumberland County Special Hazards Operations Team (SHOT). In order to be considered for membership, the following minimum requirements must be satisfied:

- Application form completed and returned to the Cumberland County, Department of Public Safety, 1 Public Safety Drive, Carlisle PA 17013-7300.
- Applications should be accompanied by copies of training certificates.
- Agree to and have a satisfactory Criminal Background Check (though this office at no charge to applicant)
- Complete required NIMS training – ICS 100, 200 and 700 within the first 6 months of team membership.
- Participate in an oral interview with the SHOT Executive Committee if requested
- Successful completion of the Hazardous Materials Operations Level course
- Be at least (18) years of age
- Certify a minimum of one year's experience in emergency services and/or hazardous materials response (copies of current training certificates must accompany the application)
- Possess a high school diploma or equivalent

Applications received for consideration of team membership must include two (2) references of individuals who can attest to the applicant's attitude, ability and character. At least one of those individuals must be an officer, past officer or supervisor who has firsthand knowledge of the applicant's experience in emergency services.

At the option of the SHOT Executive Committee, the applicant may be requested to participate in an oral interview with the committee. The purpose of the interview is to provide to the applicant an understanding of the prerequisites for trainee status and the requirements of continued membership.

Upon acceptance of the application, the team member will be placed into the SHOT training curriculum under a six month probationary period regardless of their training profile. At the conclusion of the probationary period the Executive Committee will review the probationary member's participation for permanent team membership.

All team members are expected to participate in the SHOT Medical Surveillance Program and participate in scheduled training. Training opportunities will be announced and distributed to all team members in a timely manner to allow for scheduling and attendance.

Any questions regarding the application process may be directed to Cumberland County Department of Public Safety 717.218.2900 or email DPS@ccpa.net

**CUMBERLAND COUNTY SPECIAL HAZARDS OPERATIONS TEAM
MEMBERSHIP APPLICATION**

EDUCATIONAL BACKGROUND:

| | | |
|---|--------------------------|---------------------------------|
| High School: _____ | Diploma: _____ | Major Emphasis: _____ |
| College/Technical School: _____ | Diploma: _____ | Major Emphasis: _____ |
| College/Technical School: _____ | Diploma: _____ | Major Emphasis: _____ |
| Other: _____ _____ _____ | _____ _____ _____ | _____ _____ _____ |

REFERENCES:

| | | |
|--------------------|-----------------------|---------------------|
| NAME: _____ | Address: _____ | Phone: _____ |
| NAME: _____ | Address: _____ | Phone: _____ |

I hereby certify that all information contained in the application is correct.

(Signature)

(Date)

APPLICANT TRAINING RECORD
(Please attach copies of all current training records/certificates)

EMERGENCY SERVICES AFFILIATION:

COMPANY/ORGANIZATION: _____ Phone: _____

ADDRESS: _____

CHIEF/SUPERVISOR: _____ Phone: _____

EMERGENCY SERVICES TRAINING: (Fire and/or EMS)

| <u>Course Title:</u> | <u>Hours:</u> | <u>Certificate:</u> |
|----------------------|---------------|---------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

HAZARDOUS MATERIALS TRAINING:

| <u>Course Title:</u> | <u>Hours:</u> | <u>Certificate:</u> |
|----------------------|---------------|---------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
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| _____ | _____ | _____ |
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If more space is needed, please attach additional list.