



SOUTH CAROLINA EMERGENCY RESPONSE TASK FORCE

*****APPLICATION TO THE SOUTH CAROLINA EMERGENCY RESPONSE TASK FORCE
REQUIRES THE COMPLETION OF ALL OF THE ENCLOSED PAPERWORK.*****

Normally applications will be accepted all year long with interviews occurring every six months. Please be patient during the selection process because we have a sizable pool of applicants annually.

Application Instructions:

1. Completely fill out application packet in legible print or type - do not leave any information blank. Any application not filled out in its entirety, or is illegible, will not be considered.
2. Attach copies of all applicable and current training certifications.
3. Attach a copy of your official State of South Carolina driver's license (front and back).
4. The supplemental application **MUST** be signed by both the applicant, and the Chief of your Department or Agency Administrator.
5. Applicants that have met the minimum requirements will be considered for further selection and will be contacted and scheduled for an interview.

All applications must be mailed to:

SC Emergency Response Task Force
141 Monticello Trail
Columbia, South Carolina, 29203

Phone: 803-896-9800

or emailed to:

sc-tf1@llr.sc.gov



SOUTH CAROLINA EMERGENCY RESPONSE TASK FORCE

SCERTF General Requirements

Please answer the following questions accurately.

Do you have the full support of your Fire/EMS Department or Agency?

Yes___ No___

Are you available for deployments ranging up to 14 days?

Yes___ No___

Are you willing to work long hours in austere environments under stressful conditions?

Yes___ No___

Are you willing to remain in top physical condition and pass a drug screening?

Yes___ No___

Are you willing to operate in a new command structure that may not reflect your current rank?

Yes___ No___

Are you willing to devote the time and commitment that equals to at least one day a month annually?

Yes___ No___

Are you willing to choose a specialized discipline and attend training to enhance your knowledge, skills and abilities?

Yes___ No___

Are you willing to follow all State Fire operations and safety procedures?

Yes___ No___

Do you give State Fire permission to conduct a criminal background investigation performed by South Carolina Law Enforcement Division (SLED)?

Yes___ No___

Are you capable of functioning at heights and/or traversing on unstable ground?

Yes___ No___

Did a current team member refer you to the team?

Yes___ No___ If yes who: _____

Applicant Signature:	Date: / /
Agency Chief/Administrator Signature:	Date: / /



SOUTH CAROLINA EMERGENCY RESPONSE TASK FORCE

SCERTF TEAM APPLICATION FORM

PLEASE PRINT

Application Date: _____/_____/_____

Last Name: _____ First Name: _____

Cell phone: __ (____) _____ Email: _____

Home: __ (____) _____ Work: __ (____) _____

Home address: _____ City: _____

State: _____ Zip code: _____

Current Employment: _____ Hourly Pay Rate: _____

Supervisor: _____ Title: _____

Work address: _____ City: _____ State: _____

Zip code: _____

Phone: __ (____) _____ Email: _____

Drivers License #: _____ State _____ Exp. Date ____/____/_____

Do You Have a CDL: Yes ___ No ___ A B E

DOT Medical Card Exp. Date ____/____/_____

Applicant Signature:	Date: / /
Agency Chief/Administrator Signature:	Date: / /



SOUTH CAROLINA EMERGENCY RESPONSE TASK FORCE

SCERTF SUPPLEMENTAL APPLICATION

Name: _____ Date: _____

Department: _____

Dept. Position: _____ Years of Emergency Service: _____

Specialized training and certifications:

OSHA Firefighter: <input type="checkbox"/>	Firefighter 1: <input type="checkbox"/>	Firefighter II: <input type="checkbox"/>
Basic First Aid / CPR: <input type="checkbox"/>	Medical First Responder: <input type="checkbox"/>	EMT-B: <input type="checkbox"/>
EMT-I: <input type="checkbox"/>	EMT-P: <input type="checkbox"/>	
Haz-Mat Operations: <input type="checkbox"/>	Haz-Mat Technician: <input type="checkbox"/>	Haz-Mat Specialist: <input type="checkbox"/>
Rope Rescue Awareness: <input type="checkbox"/>	Rope Rescue Awareness: <input type="checkbox"/>	Rope Rescue Technician: <input type="checkbox"/>
Confined Space Awareness: <input type="checkbox"/>	Confined Space Operations: <input type="checkbox"/>	Confined Space Technician: <input type="checkbox"/>
Trench Rescue Awareness: <input type="checkbox"/>	Trench Rescue Operations: <input type="checkbox"/>	Trench Rescue Technician: <input type="checkbox"/>
Collapse Rescue Awareness: <input type="checkbox"/>	Collapse Rescue Operations: <input type="checkbox"/>	Collapse Rescue Technician: <input type="checkbox"/>
Swift Water Awareness: <input type="checkbox"/>	Swift Water Operations: <input type="checkbox"/>	Swift Water Technician: <input type="checkbox"/>
Auto Extrication: <input type="checkbox"/>	Heavy Equipment / Machinery Extrication: <input type="checkbox"/>	
Heavy Lifting & Rigging Ops: <input type="checkbox"/>	Heavy Lifting & Rigging Tech: <input type="checkbox"/>	
Breaching, Breaking & Cutting Ops: <input type="checkbox"/>	Breaching, Breaking & Cutting Tech: <input type="checkbox"/>	
FEMA Equivalent Courses		
Planning Team/Tech Info: <input type="checkbox"/>	Disaster Medical Spec: <input type="checkbox"/>	Canine Handler: <input type="checkbox"/> Type:
Heavy Equip & Rigging: <input type="checkbox"/>	Rescue Specialist: <input type="checkbox"/> Lvl:	Communications Spec: <input type="checkbox"/>
Technical Search Spec: <input type="checkbox"/>	Logistics Specialist: <input type="checkbox"/>	Task Force Leader: <input type="checkbox"/>
Safety Officer: <input type="checkbox"/>	Structures Specialist: <input type="checkbox"/>	
Incident Command		
IC for Structural Collapse: <input type="checkbox"/>	Fire Officer: <input type="checkbox"/> Lvl:	
NIMS-ICS Courses	Mark all that apply: 100 200 300 400 700 800	
Level of Formal Education		
High School Diploma: Y / N	Associate Degree: Y / N	
Bachelor's Degree: Y / N	Master's Degree: Y / N	
	Doctorate: Y / N	

Applicant Signature: _____	Date: / /
Agency Chief/Administrator Signature: _____	Date: / /



SOUTH CAROLINA EMERGENCY RESPONSE TASK FORCE

SCERTF MEDICAL SCREENING

Your Name: _____

Today's Date: _____

Date of last physical/medical evaluation: _____

Name and address of your primary physician: _____

Are you aware of any medical condition that would prohibit you from performing physically demanding tasks?

Yes ___ No ___

Are you aware of any medical condition (or in need of any treatment/devices) that would prohibit you from being away from home and without electricity for up to 14 days?

Yes ___ No ___

Are you currently under a physician's care for epilepsy?

Yes ___ No ___

Are you currently under a physician's care for hypertension?

Yes ___ No ___

If you selected "Yes", is your hypertension controlled to within normal limits with medication?

Yes ___ No ___

Are you currently under a physician's care for any other cardiac condition?

Yes ___ No ___

Are you currently under a physician's care for any respiratory condition to include asthma and sleep apnea?

Yes ___ No ___

Applicant Signature:	Date: / /
Agency Chief/Administrator Signature:	Date: / /



SOUTH CAROLINA EMERGENCY RESPONSE TASK FORCE

SCERTF Applicant Endorsement

To Whom It May Concern:

_____ is applying for a volunteer position with the South
(Applicants Name)
Carolina Emergency Response Task Force (SCERTF).

The SCERTF selection process is highly competitive. If selected, a large commitment will be required from both the member and the member's employer.

A member of SCERTF will be required to attend up to 200 hours of training per year, in addition to potential deployments for up to 14 days, with no compensation from SCERTF.

You will be responsible for the signing of a Memorandum of Understanding (MOU) between SCERTF and your agency. The agency responsibilities listed in the MOU will include:

- A. Maintaining a roster of all personnel participating in SCERTF activities and providing a primary point of contact to SCERTF for the purpose of notification of SCERTF activities.
- B. Providing support to employed members of SCERTF, i.e.; providing leave for members to perform SCERTF activities such as training, meetings, and deployments. The employer may seek reimbursement from Federal or State agencies to recoup expenses involved in the support of the member provided within the scope of disaster activation.
- C. Providing Worker's Compensation Insurance coverage for all employees assigned to SCERTF.
- D. Providing medical monitoring, annual physical examinations, required immunizations, and documentation as required by law for Task Force members.

By signing below I endorse the applicant's application and I understand the basic commitments required by my agency to support the above named applicant in his/her role as a member of the SCERTF. I further understand that this document is for informative purposes, is not a legal document and I am in no way bound to any obligation or commitment at this time.

Fire Chief or Agency Director
Printed Name

Title

Fire Chief or Agency Director
Signature

Date