

MASSACHUSETTS FIRE DISTRICT 14 SPECIALTY TEAM APPLICATION



() Tech () Dive () Fire Investigation () DAT () Communications () CISM _____

Name: _____ Department: _____

Address: _____ City _____ Zip _____

Years of Service: _____ Current Rank: _____

EMS Level of Certification: _____

Email Address: _____ Home Phone: _____

Department Phone: _____ Cell Phone: _____

Preferred method of contact: () Email () Home Phone () Department phone () Cell Phone

I am (or have been) a member of the Massachusetts Fire District _____ (District #) Team _____ (Name of team) from _____ to _____ (Insert dates). I am completing the application package for consideration of being a member of the Fire District 14 team.

Please initial each step below before submitting application:

Minimal Qualifications checked and supporting documents provided _____

Training and team Participation standards signed and dated _____

Applicant and Chief Authorization and understanding page signed and dated _____

**Send all forms and documents to : Fire District 14, P.O. Box 472, Hudson, Mass. 01742 or email to:
firedistrict14chiefs@gmail.com**

This section to be completed by District 14 Authorized representative

Application Date: _____ Date Rec by team: _____ Interview Date: _____

Disposition: _____

Team Leader Initials _____ Oversight Chief Initials _____

MASSACHUSETTS FIRE DISTRICT 14 SPECIALTY TEAM APPLICATION



Dive Team

Applicant Name: _____

Minimum qualifications for application as a diver:

	Advanced Open Water through a recognized national or international organization
	2 Years Minimum dive experience and/or 18 logged dives
	Completion of DR-1 or equivalent, (Dive Rescue International Level 1 course) within three (3) year of appointment to the dive team.

Minimum qualifications for application for support personnel:

	EMT basic level with the Commonwealth of Massachusetts or National Registry of EMTs
	Basic Knowledge of scuba equipment set up and use
	Basic Knowledge of Ropes and Knots
	Basic Knowledge in use of rescue boat operations

*Copies of all certifications must be provided with the application.

* For non-certified requirements please describe below how you have obtained the required knowledge- (please use additional paper if necessary)

Signature: _____ Date: _____

Dive Team Membership & Training Requirements

MASSACHUSETTS FIRE DISTRICT 14

SPECIALTY TEAM APPLICATION



Applicant Name: _____

D14 Dive Team Membership Requirements

Diver member must be certified at the basic diver level from any nationally accredited agency, that meets or exceeds are current requirements.

Diver member must be Dive/Rescue Specialist certified within one year of being on the team.

Diver member must be both a certified diver and certified dive/rescue specialist to dive in either an emergency rescue operation or an emergency recovery operation.

Each Diver must complete an annual recertification consisting of no less than:

- A 200 meter swim in full gear with air consumption
- Dry suit buoyancy control/ fin pivots
- Full face mask removal, switch to regulator, clearing, and donning
- Decent procedures
- Ascent procedures
- Weight belt dump with a controlled ascent/in water replacement of weight belt
- BCD removal and replacement
- Single fin swim (50 meters)
- Buddy breathing from an octopus (50 meters)
- Diver shall demonstrate a knowledge of all rope signals
- Diver shall demonstrate proper search patterns while being tethered to a rope

All dive team members shall be knowledgeable with:

- Safety of dive operation
- Pre-dive inspections
- Proper operation and set up of dive equipment
- Diver support
- Rope signals and line tending
- Boat operations
- Shore support of team operations
- Witness interviews
- Creating and marking last seen points (LSP)
- Documenting dive operations using team forms

MASSACHUSETTS FIRE DISTRICT 14

SPECIALTY TEAM APPLICATION



Training

There will be 12 scheduled drills per year to be held on the fourth (4th) Wednesday of each month. Each member will be required to attend a minimum of eight (8) drills per year. Divers shall be required to dive six (6) times a year. Location and time of each drill will be paged to all team members one (1) week prior to the drill by the District dispatch staff. Each drill will be a minimum of four (4) hours in session. Two of the monthly drills will be a mandatory eight (8) hour session. The Team reserves the right to combine two monthly drills to create an eight (8) hour drill for purposes of required or mandatory training; in this case one of the monthly four (4) hours drills may be canceled.

Should a diver not be able to attend the requisite amount of training sessions, then that member shall operate at the support member level only until the required training curriculum is met. Should a member continue to not meet the criteria, that member shall be removed from the team by his/her respective Chief of Department.

All team support members are required to make a minimum of four (4) drills per year.

My signature below is an acknowledgement that I have read and understand the requirements as listed.

Signature: _____ Date: _____

MASSACHUSETTS FIRE DISTRICT 14

SPECIALTY TEAM APPLICATION



Applicant Name _____ Date _____

() Tech () Dive () Fire Investigation () DAT () Communications () Other _____

Applicant: I understand that this application does not guarantee me a position on the District 14 Team checked above and that I will be following a hiring process for an open position on the team as an opening becomes available.

I have read, understand, and have signed the terms for participation on the team, including a probationary period, team training standards, team activation and participation standards. I further acknowledge that I may be removed from the team for failure to comply with these conditions as well as for failing to follow the team operations as set forth by the teams Standard Operating Procedures.

I further acknowledge that the Chief of my Department may remove me from the team for any reason without recourse to the team or Fire District 14.

Signature: _____ Date _____

Witness: _____

Fire Chief: I have reviewed the applicant information in this application packet and I am supporting the candidate for consideration on the team. I understand that this department is solely responsible for all funds associated with the applicant to the team including, but not limited to, salary, overtime, insurance and benefits. I further understand that the Town and the Fire Department are responsible for any and all injury to the individual while performing the jobs, and tasks associated with the performance of being a member of the team. As Chief of the Department, I understand that issues with unfavorable conduct and behavior with the applicant as part of the district specialty team, will be handled by me following my departments policy and procedures.

I have read, understand and agree to the terms for participation on the team, including a probationary period, team training standards, team activation and participation standards. I further acknowledge that the candidate may be removed from the team for failure to comply with these conditions as well as for failing to follow the team operations as set forth by the teams Standard Operating Procedures.

I understand that except where voted, approved, authorized, and purchased at a public meeting of Fire District 14, all equipment to perform the job is owned and maintained by the fire department and or the individual.

Signature: _____ Date _____

Witness: _____

Print Name: _____