

# UNIT MEMBERSHIP APPLICATION TO THE TENNESSEE ASSOCIATION OF RESCUE SQUADS

NAME OF UNIT: \_\_\_\_\_ DATE: \_\_\_\_\_

UNIT ADDRESS: \_\_\_\_\_

PHONE: ( ) \_\_\_\_\_ FAX: ( ) \_\_\_\_\_

EMAIL: \_\_\_\_\_

WHEN ORGANIZED: \_\_\_\_\_ DATE INCORPORATED: \_\_\_\_\_

(IF YOUR UNIT OPERATES OR IS CHARTERED UNDER CITY OR COUNTY GOVERNMENT,  
PLEASE INCLUDE LETTER FROM GOVERNMENT OFFICIAL TO THAT EFFECT.)

UNIT MEMBERSHIP IS: ☐ VOLUNTEER ☐ PAID ☐ COMBINED % \_\_\_\_ / \_\_\_\_ .  
VOL PAID

NUMBER OF MEMBERS \_\_\_\_\_ (MINIMUM OF 25 MEMBERS REQUIRED) Units consisting of less than twenty-five (25) members, organized and operating in a county not served by a TARS member squad/unit shall be considered on a case-by-case basis.

OUTLINE GENERAL TRAINING REQUIREMENTS OF MEMBERS:

WHAT GENERAL AREA DOES THE UNIT SERVE: \_\_\_\_\_

POSSIBLE INCLUDE MAP SHOWING GENERAL BOUNDARIES AND SERVICE AREA)

(IF

UNDER YOUR PRESENT SET-UP; WOULD YOU BE ABLE TO ENTER INTO A MUTUAL AID AGREEMENT WITH OTHER  
ASSOCIATION UNIT MEMBERS: ☐ YES ☐ NO

WHAT IS YOUR ARRANGEMENT FOR RECEIVING AND ANSWERING CALLS:

IF ACCEPTED, \_\_\_\_\_ HAS BEEN ELECTED BY OUR UNIT TO SERVE ON  
(NAME OF YOUR PROPOSED UNIT DIRECTOR)

THE ASSOCIATION BOARD OF DIRECTORS AND HAS THE PROXY TO VOTE FOR OUR UNIT IN ALL MATTERS  
COMING BEFORE THE BOARD AND CONVENTION.

SIGNED: \_\_\_\_\_ TITLE: \_\_\_\_\_  
(SQUAD OFFICIAL OTHER THAN UNIT DIRECTOR DESIGNATE)

## ATTACHMENT CHECKLIST

### THIS APPLICATION MUST BE ACCOMPANIED BY:

- ☐ ROLL OF MEMBERSHIP FORMS
- ☐ DIRECTORY INFORMATION FORMS
- ☐ COPY OF UNIT BY-LAWS OR S.O.P.'s
- ☐ COPY OF CHARTER OF INCORPORATION, OR LETTER FROM LOCAL GOVERNMENT IF UNDER THEIR CHARTER.
- ☐ TWO LETTERS OF ENDORSEMENT FROM LOCAL GOVERNMENT OFFICIALS OR EMERGENCY AGENCY REPRESENTATIVES
- ☐ CHECK FOR \$70.00 (UNIT DUES) PLUS \$21.00 (FOR EACH INDIVIDUAL MEMBER) MADE PAYABLE TO TENNESSEE ASSOCIATION OF RESCUE SQUADS.

EXAMPLE: 30 MEMBERS X \$21.00 = \$630.00 + \$70.00 UNIT DUES = TOTAL \$700.00

## STATE OFFICE AND MEMBERSHIP COMMITTEE USE ONLY

DATE RECEIVED: \_\_\_\_\_ LETTERS OF NOTIFICATION SENT: \_\_\_\_\_ VISIT: ☐ YES ☐ NO

MEMBERSHIP COMMITTEE ACTION:

BY: \_\_\_\_\_ BOARD ACTION: \_\_\_\_\_

# TENNESSEE ASSOCIATION OF RESCUE SQUADS

## DIRECTORY INFORMATION

UNIT NAME:

THE TWO INDIVIDUALS BELOW ARE LISTED AS CONTACTS IN THE TARS ROSTER AND RECEIVE ALL MAILINGS FROM THE STATE OFFICE. INFORMATION MUST BE COMPLETE AND UPDATED UPON ANY CHANGES IMMEDIATELY.

☐ CHIEF (CHECK ONE TITLE)

OR

☐ CAPTAIN \_\_\_\_\_ H ( ) \_\_\_\_\_ B ( ) \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

UNIT DIRECTOR \_\_\_\_\_ H ( ) \_\_\_\_\_ B ( ) \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

### ADDITIONAL OFFICER CONTACTS

SECRETARY \_\_\_\_\_ H ( ) \_\_\_\_\_ B ( ) \_\_\_\_\_

TREASURER \_\_\_\_\_ H ( ) \_\_\_\_\_ B ( ) \_\_\_\_\_

TRAINING OFFICER \_\_\_\_\_ H ( ) \_\_\_\_\_ B ( ) \_\_\_\_\_

ALL OF THE ABOVE INDIVIDUALS (including Captain/Chief and Unit Director) SHOULD BE LISTED ON THE ACCOMPANYING MEMBERSHIP ROSTER AS WELL, TO INSURE A COMPLETE MEMBERSHIP RECORD ON FILE.

### GENERAL INFORMATION

WHEN DOES YOUR UNIT HOLD REGULAR MEETINGS?

WHERE ARE YOUR MEETINGS HELD: \_\_\_\_\_ TIME: \_\_\_\_\_  
(On reverse side please provide a simple drawing to your building from interstate or main highway.)

DOES YOUR SQUAD HAVE AN ACTIVE GROUP OF \*CREWETTES ☐ YES ☐ NO IF YES, HOW MANY: \_\_\_\_\_

\*Ladies auxiliary or other organized group providing fundraising or logistical support for your unit.

PLEASE NOTIFY THE STATE OFFICE IMMEDIATELY OF ANY CHANGES IN THE ABOVE

# TENNESSEE ASSOCIATION OF RESCUE SQUADS

## DIRECTORY INFORMATION RESCUE SERVICE CATEGORIES

NOTE: ACTIVE UNIT MEMBERSHIP REQUIRE THE FOLLOWING UNDER ARTICLE III, SECTION (2)  
CONSIDERATION OF ADMISSION UNDER THIS MEMBERSHIP CATEGORY.

FOR

Shall be equipped and actively engaged in providing at least two (2) of the following service areas or be exclusively specializing in one (1) of the following areas.

- (a). WATER SEARCH/RESCUE & RECOVERY
- (b). LAND SEARCH/RESCUE
- (c). CRASH/VEHICLE EXTRICATION
- (d). TECHNICAL RESCUE (Specialized field as may be indicated)

PLEASE REVIEW RECOMMENDED MINIMUM STANDARD LIST FOR EACH OF THESE FIELDS BEFORE COMPLETING ITEMS I THROUGH 4 ON THIS PAGE.

	DO NOT PROVIDE THIS SERVICE	PROVIDE SERVICE BUT DO NOT MEET RECOMMENDED STANDARDS	MEET OR EXCEED RECOMMENDED STANDARDS
1. LAND SEARCH AND RESCUE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. VEHICLE/CRASH RESCUE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2a. PLEASE INDICATE: NUMBER OF MEDIUM DUTY UNITS PER CHECKLIST _____ NUMBER OF HEAVY DUTY UNITS PER CHECKLIST _____			
3. WATER SEARCH , RESCUE, AND RECOVERY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3a. PLEASE INDICATE NUMBER OF EQUIPPED BOAT/MOTOR UNITS PER CHECKLIST _____			
4. TECHNICAL RESCUE			
A. UNDERWATER DIVE RESCUE TEAM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. SWIFTWATER RESCUE TEAM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. HAZARDOUS MATERIALS TEAM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. CAVE RESCUE TEAM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. MOUNTAIN SAR TEAM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. K-9 SEARCH TEAM <input type="checkbox"/> LAND OPERATIONS <input type="checkbox"/> WATER OPERATIONS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. TRENCH RESCUE TEAM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H. VERTICAL/HIGH ANGLE RESCUE TEAM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I. CONFINED SPACE RESCUE TEAM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

# TENNESSEE ASSOCIATION OF RESCUE SQUADS

## DIRECTORY INFORMATION

### ADDITIONAL EMERGENCY SERVICE CATEGORY INFORMATION

5. DO YOU PROVIDE AMBULANCE SERVICE IN YOUR AREA?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
5a. _____ NUMBER OF LICENSED UNITS  _____ NUMBER OF UNITS NOT LICENSED BUT COULD TRANSPORT CONVALESCENT OR ACCOMMODATE PATIENT TRANSPORT IN EVENT OF MASS CAUSALITY INCIDENT.		
6. DO YOU PROVIDE LICENSED MEDICAL FIRST RESPONSE IN YOUR AREA?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
7. DO YOU PROVIDE FIRE SERVICE IN YOUR AREA?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
7a. _____ NUMBER OF PUMPER UNITS _____ NUMBER OF MINI-ATTACK OR BRUSH UNITS _____ NUMBER OF TANKER UNITS _____ OTHER SPECIAL EQUIPMENT OF NOTE (DESCRIBE)		
8. SPECIALIZED SUPPORT EQUIPMENT		
CHECK ONLY THOSE ITEMS WHICH YOU HAVE EQUIPPED AND FULLY OPERATIONAL		
ITEM	GENERAL DESCRIPTION	
<input type="checkbox"/> MASS CASUALTY TRUCK/TRAILER _____ NUMBER OF VICTIMS	Unit should be dedicated for use with adequate medical supplies, blankets, triage marking gear and appropriate equipment for multiple victims as indicated.	
<input type="checkbox"/> MOBILE COMMAND POST	Unit should be dedicated for CP operations and be capable of supporting multiple communications, including facsimile and cellular. Should have its own independent power generator and adequate staff planning area for command and administrative functions.	
<input type="checkbox"/> MOBILE FIELD KITCHEN	Unit should be self contained and capable of providing food service during field operations. Independent power generator, potable water storage, L.P. gas cooking capabilities or equal are needed, as well as minimal storage capacity for both refrigerated and non perishable food supplies.	
<input type="checkbox"/> PORTABLE POWER PLANT _____ Total K.W. Rating _____ Includes fixed or portable lighting	Unit should be a dedicated truck or trailer mounted plant (not a generator on board a crash truck or other vehicle which is designated for other duty) of at least 5 KW power with both 110v and 220v electricity provided through an approved electrical distribution device w/breakers or fuses.	
<input type="checkbox"/> OTHER?		
9. COMMUNICATIONS INFORMATION		
9a. WHAT IS YOUR PRIMARY COMMUNICATIONS FREQUENCY? _____ . _____ MHZ		
b. DO YOU MAINTAIN AN OPERATIONAL RADIO ON 37.90 MHZ?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
IF YES ... HOW MANY?		

# TENNESSEE ASSOCIATION OF RESCUE SQUADS

## DIRECTORY INFORMATION

### RESCUE SERVICE CATEGORIES

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- (a). WATER SEARCH/RESCUE & RECOVERY
- (b). LAND SEARCH/RESCUE
- (c). CRASH/VEHICLE EXTRICATION
- (d). TECHNICAL RESCUE (Specialized field as may be indicated)

	DO NOT PROVIDE THIS SERVICE	PROVIDE SERVICE WITH APPROPRIATE TRAINING AND EQUIPMENT	
1. LAND SEARCH AND RESCUE	<input type="checkbox"/>	<input type="checkbox"/>	
2. VEHICLE/CRASH RESCUE	<input type="checkbox"/>	<input type="checkbox"/>	

2a. PLEASE INDICATE: NUMBER OF MEDIUM DUTY UNITS PER CHECKLIST \_\_\_\_\_  
NUMBER OF HEAVY DUTY UNITS PER CHECKLIST \_\_\_\_\_

3. WATER SEARCH , RESCUE, AND RECOVERY	<input type="checkbox"/>	<input type="checkbox"/>	
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3a. PLEASE INDICATE NUMBER OF EQUIPPED BOAT/MOTOR UNITS PER CHECKLIST

4. TECHNICAL RESCUE			
A. UNDERWATER DIVE RESCUE TEAM	<input type="checkbox"/>	<input type="checkbox"/>	
B. SWIFTWATER RESCUE TEAM	<input type="checkbox"/>	<input type="checkbox"/>	
C. HAZARDOUS MATERIALS TEAM	<input type="checkbox"/>	<input type="checkbox"/>	
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E. MOUNTAIN SAR TEAM	<input type="checkbox"/>	<input type="checkbox"/>	
F. K-9 SEARCH TEAM <input type="checkbox"/> LAND OPERATIONS <input type="checkbox"/> WATER OPERATIONS	<input type="checkbox"/>	<input type="checkbox"/>	
G. TRENCH RESCUE TEAM	<input type="checkbox"/>	<input type="checkbox"/>	
H. VERTICAL/HIGH ANGLE RESCUE TEAM	<input type="checkbox"/>	<input type="checkbox"/>	
I. CONFINED SPACE RESCUE TEAM	<input type="checkbox"/>	<input type="checkbox"/>	