

**DROWNING ACCIDENT RESCUE TEAM  
APPLICATION FOR CLASSIFICATION AS  
SHORE SUPPORT PERSON**

**NAME:** \_\_\_\_\_  
**ADDRESS:** \_\_\_\_\_  
\_\_\_\_\_

**DART ID:** \_\_\_\_\_  
**DATE:** \_\_\_\_\_  
**PHONE:** \_\_\_\_\_

**INSTRUCTIONS:**

1. Read all parts of this application. For further information, read the D.A.R.T. Standards and Operating Procedures.
2. Complete all parts to this application. If required response is not applicable, print "not applicable" in the space provided.
3. If additional space is required, attach additional sheets. Attached additional sheets must be clearly marked as to what section of the application they apply.
4. Reference documents (log books, class attendance rosters, etc.) need not be attached, but you must be prepared to support statements in this application with applicable documents.
5. If you have training or experience outside of your work with DART, it may qualify in place of DART training or experience. If you wish to use such training or experience in this application, please attach additional pages which explain the training or experience, dates, places, and contact person who can verify your training or experience, and an explanation why you believe this training or experience qualifies as a substitute for DART training and experience.
6. If you need additional information or assistance in filling out this application, contact the Chief or an Assistant Chief of Operations.

-----**PREREQUISITES**-----

1. You must have a current record of physical examination in your personnel file. It is your responsibility to assure that this is done before submitting this application.
2. You must be classified as a Shore Support Person Intern (if your application has not yet been approved, provide a copy of your completed application with all attachments, and write "pending" below).

Date of classification as Shore Support Person Intern: \_\_\_\_\_

----- TRAINING OBJECTIVES -----

State the date, place of instruction, and instructor for each of these requirements:

**Module One - Classroom Briefings:**

a. Specialized equipment

\_\_\_\_\_ Date \_\_\_\_\_ Place \_\_\_\_\_ Instructor

b. Specialized techniques - search methods

\_\_\_\_\_ Date \_\_\_\_\_ Place \_\_\_\_\_ Instructor

c. Shore preparations and duties of shore personnel

\_\_\_\_\_ Date \_\_\_\_\_ Place \_\_\_\_\_ Instructor

d. Radio procedures

\_\_\_\_\_ Date \_\_\_\_\_ Place \_\_\_\_\_ Instructor

e. Report writing

\_\_\_\_\_ Date \_\_\_\_\_ Place \_\_\_\_\_ Instructor

f. Interviewing witnesses

\_\_\_\_\_ Date \_\_\_\_\_ Place \_\_\_\_\_ Instructor

g. Dealing with next of kin

\_\_\_\_\_ Date \_\_\_\_\_ Place \_\_\_\_\_ Instructor

h. Media procedures

\_\_\_\_\_ Date \_\_\_\_\_ Place \_\_\_\_\_ Instructor

i. Communication with other agencies

\_\_\_\_\_ Date \_\_\_\_\_ Place \_\_\_\_\_ Instructor





i. On Scene experience - radio communications

\_\_\_\_\_y\_\_\_\_\_ Instructor \_\_\_\_\_  
Date Place

j. On Scene experience - inter-agency interaction

\_\_\_\_\_ Instructor \_\_\_\_\_  
Date Place

----- **SPACE FOR COMMITTEE USE** -----

STANDARDS & EVALUATIONS COMMITTEE:

Date Received \_\_\_\_\_ Date Reviewed \_\_\_\_\_

Complete \_\_\_\_\_ Accurate \_\_\_\_\_ References Checked \_\_\_\_\_

APPROVED \_\_\_\_\_ DISAPPROVED \_\_\_\_\_ CONDITIONAL APPROVAL \_\_\_\_\_  
(Attach Conditions)

OPERATIONS OFFICER:

APPROVED \_\_\_\_\_ DISAPPROVED \_\_\_\_\_ CONDITIONAL APPROVAL \_\_\_\_\_  
(Attach Conditions)