



**Lincoln County**  
**OFFICE OF EMERGENCY MANAGEMENT**  
34 Bath Road, P.O. Box 249  
Wiscasset, Maine 04578  
Phone: (207) 882-7559 Fax: (207) 882-7550



**MEMBERSHIP INFORMATION**

*To qualify for membership an Emergency worker shall:*

- A. Be in good standing with a participating Department or Organization.
- B. Be at Haz. Mat. \*Operations and WMD level training or be able to attain Operations and/or WMD level training within twelve (12) months of becoming a member and/or be a Support level Member as determined by the Board of Directors.
- C. Maintain Haz. Mat. Operations level training. (If Applicable)
- D. Be SCBA certified or be a Support level Member as determined by the Board of Directors.
- E. Be covered by Workers Compensation Insurance supplied by his or hers supporting Department or Organization.
- F. Completely fill out an Application for Membership and return it to the Board of Directors of the team for consideration for membership.
- G. A Member or Applicant not meeting Minimum Requirements or Failing to follow Team Policies, Procedures, Protocols or Orders given by proper authority at any Team Function or Incident may result in Disciplinary action and/or Dismissal after a Proper Hearing with the Board of Directors of the Haz. Mat. Team.
- H. Any Member found to be disrespectful to another member of the team or another emergency worker or brings disgrace to the Haz. Mat. Team may be released from the team after a proper hearing with the Board of Directors of the team.
- I. Any Member responding to or participating in a Haz. Mat. Team Function or Incident found to be under the Influence of any Intoxicating substance shall be released from the team after a Proper Hearing with the Board of Directors. Zero (0) Tolerance shall apply.
- J. There shall be three (3) Training/Meeting sessions offered annually, all Team Members at Operations Level must attend a minimum of two (2) trainings/meetings annually to maintain their OPs Level certification for membership.

*\*---Operation and WMD Level Training is a total of forty eight (48 ) HRs.*

**Revised July 2017**



# Lincoln County

## OFFICE OF EMERGENCY MANAGEMENT

34 Bath Road, P.O. Box 249  
Wiscasset, Maine 04578  
Phone: (207) 882-7559 Fax: (207) 882-7550



### LINCOLN COUNTY HAZMAT DECON STRIKE TEAM

### APPLICATION FOR MEMBERSHIP

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phones: \_\_\_\_\_

Email: \_\_\_\_\_

Fire Department Affiliation: \_\_\_\_\_

#### HazMat Certifications

Level of HazMat Training: \_\_\_\_\_

Date of Last Refresher: \_\_\_\_\_

Date of Last SCBA Fit Test: \_\_\_\_\_

Any known medical conditions(s): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Any known allergies: \_\_\_\_\_

\_\_\_\_\_

**Emergency Contact:** (Name) \_\_\_\_\_

Phone #s: \_\_\_\_\_

\_\_\_\_\_

**Fire Chief Authorization:** \_\_\_\_\_

Date

\*\*\* DO NOT WRITE BELOW THIS LINE \*\*\*

Reviewed: \_\_\_\_\_

Date: \_\_\_\_\_

Accepted: \_\_\_\_\_

Date Notified: \_\_\_\_\_