

**Department of Homeland Security  
Federal Emergency Management Agency  
National US&R Response System  
Instructor Application**

4

**Instructor level request:**

5

Lead Instructor  
Adjunct Instructor  
Subject Matter Expert

**Page 1 of 3**

Date of Application: \_\_\_\_\_

1 **NAME** (Last, First, Middle)

2 **TF Designation**

3 **Social Security Number**  
XXX-XX-

6 **COURSE SELECTION**  
**Select (one) request per application:**

Incident Support Team (IST)

Task Force Leader

Safety Officer

Planning Team Manager

Technical Information Specialist

Search Team Manager

Technical Search Specialist

Canine Search Specialist

Structures Specialist

Logistics Specialist

Structural Collapse Technician

Haz Mat Specialist

Communications Specialist

Medical Specialist

Heavy Equipment and Rigging

WMD Enhanced Operations

WMD Haz Mat Specialist

WMD Medical Specialist

Other \_\_\_\_\_

7

Subject Matter Expert

Specify:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8 **Answer the following for Adjunct Instructor**

(Required) Applicant meets NFPA 1041 level I or equivalent.  
Specify \_\_\_\_\_

(Required) Applicant meets the technical requirements defined by the Operations Manual Position Descriptions.

(Optional) Applicant requests to be considered based on previous National US&R Response System instructional experience.

9 **Answer the following for Lead Instructor**

(Required) Applicant meets all Adjunct Instructor requirements for the discipline applying for.

(Required) Applicant meets NFPA 1041 level II or equivalent.

Specify \_\_\_\_\_

(Required) Applicant has instructed 80 hours as an Adjunct Instructor in the discipline applying for and has attached documentation.

(Optional) Applicant requests to be considered based on system previous National US&R Response instructional experience

10 **US&R Position(s) held relative to the application and number of years in each position**

**Position:** \_\_\_\_\_

**Years:** \_\_\_\_\_

**Position:** \_\_\_\_\_

**Years:** \_\_\_\_\_

**Position:** \_\_\_\_\_

**Years:** \_\_\_\_\_

11

**Home address** (Street / Avenue / City / State and Zip code) \_\_\_\_\_ Home phone: (\_\_\_\_) \_\_\_\_\_  
 \_\_\_\_\_ Work phone no. (\_\_\_\_) \_\_\_\_\_  
 \_\_\_\_\_ FAX no. (\_\_\_\_) \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Pager no. (\_\_\_\_) \_\_\_\_\_  
 Zip: \_\_\_\_\_ e-mail#1: \_\_\_\_\_  
 \_\_\_\_\_ e-mail#2: \_\_\_\_\_  
 Mobile: (\_\_\_\_) \_\_\_\_\_

12

**Check the area of employment that best describes your professional experience:**

- |                 |                                     |                           |
|-----------------|-------------------------------------|---------------------------|
| Fire Department | Medical Professional (M.D./RN etc.) | Budget / Finance          |
| EMS Provider    | Administration / Staff Support      | Support Services / Supply |
| Law Enforcement | Construction / Engineering          | Military                  |

Specify: Full-time  
 Part-time (less than 40 hrs/week)  
 Volunteer

Description of organization if not listed above: (Specify)

\_\_\_\_\_

**Name of Organization:** \_\_\_\_\_

**Rank/Position:** \_\_\_\_\_

13

**Education**

School	Major	Years Attended	Diploma / Degree
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

14 **Training Courses**

(Please describe the training courses you have attended as they relate to the position you are applying for, use additional pages if necessary.)

Course Title	Hours	Date	Sponsoring Organization

15 **Instructional Experience**

(Please describe your instructional experience as it relates to the position you are applying for, use additional pages if necessary.)

Position	Training Type	Number of Students	Date

16 **Endorsements:**

Applicant - I certify that the information recorded on this application is true and correct. If selected I agree to comply with all instructor requirements as identified by the FEMA/US&R Response System.

Signature	Date
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**Task Force Training Coordinator** - I have reviewed this application, and verify the training and experience as listed and I concur with the applicants participation.

\_\_\_\_\_  
Print Name (last, first, middle)

Signature	Date
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**Program Manager / Task Force Leader / Sponsor** - I have reviewed this application, and verify the training and experience as listed and I concur with the applicants participation.

\_\_\_\_\_  
Print Name (last, first, middle)

Signature	Date
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Approved	Hold	Denied (see attached)
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Signature	Title	Date
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DHS/FEMA/US&R Training Working Group