



## KENTUCKY DIVISION OF EMERGENCY MANAGEMENT

### Region 2

## TRAINING ANNOUNCEMENT

### *21-HR. Basic Search and Rescue*



**DATES:** Friday, March 19 through Sunday, March 21, 2010

**LOCATION:** Region 3 Fire Rescue Training Center – 1300 KY 136 E  
Calhoun, KY 42327

**REGISTRATION DEADLINE:** Close of Business March 12, 2010

Email or Fax registration to: [dsunn@bellsouth.net](mailto:dsunn@bellsouth.net) or fax to 270 273-3236

Sign-in begins at **6:00 PM (CST)** on Friday. The course starts *promptly* at **7:00 p.m.** and will go until 10:00 p.m. Friday. Course hours are 8:00 a.m. –?p.m. Saturday and 8:00 a.m. to 4:00 p.m. Sunday.

**STUDENTS MUST ATTEND ALL SESSIONS TO RECEIVE A CERTIFICATE OF COMPLETION.**

**COURSE DESCRIPTION:** This course is taught in three modules; search, rescue, and survival. It is designed for new personnel as well as for the experienced SAR personnel. A night search will be conducted with emphasis on the skills and techniques learned during the course. This course satisfies the 106 KAR 1:390 basic training requirement for search & rescue coordinators, search dog handlers and members of squads specializing in searches for lost, trapped or missing persons.

**STUDENT CRITERIA:** This course is open to rescue, fire, emergency medical, and law enforcement personnel or any organization having responsibility for searching for missing or lost persons.

**EQUIPMENT NEEDS:** All students should have a dependable flashlight with spare batteries, a canteen, and an orienting compass with a clear base plate. Bring a pencil and paper for notes. Since the course involves outdoor activity students should dress appropriately for current and predicted weather conditions,. Sturdy, boots (waterproof preferably), long sleeved shirts and long pants are required for all those intending to participate in the search activities. Tennis shoes will not be acceptable. A lightweight jacket is also recommended.

**CANCELATIONS:** The course minimum is 40 students pre-registered. Students will be notified if the course is cancelled, so please be sure to provide a reliable email address, daytime phone number or FAX number.

**ADDITIONAL:** Meals, lodging, and travel will *NOT* be reimbursed by the Kentucky Division of Emergency Management. Each participant will be responsible for making his/her own travel arrangements with his/her employer or representative organization.

**NOTE:** You will not be receiving a letter from this office to say you have been accepted as a student in the Basic Search and Rescue class. If your registration application is received after the Class size limit has been reached you will be notified by email or if you don't have an email address listed your County EM Director will be notified that you will not be included in the class.



**Kentucky Div. of Emergency Management**  
 Region 2 Office  
 PO Box 104  
 Marion, KY 42064

**TRAINING REGISTRATION  
 APPLICATION**

*Course Information*

**Course name:** Basic Search and Rescue  
**Date(s) of course:** March 19-20 & 21 2010  
**Location of the class:** Region 3 Fire Rescue Training Center  
 1300 KY 136 E. Calhoun, KY 42327

REGISTRATION DEADLINE: Close of Business March 12, 2010

Email or Fax registration to: dsunn@bellsouth.net or fax to 270 273-3236

*Student & Agency Information*

**Name:** \_\_\_\_\_  
**Agency:** \_\_\_\_\_  
**Your Title:** \_\_\_\_\_ **Years at agency:** \_\_\_\_\_  
**Mailing Address:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_  
**Area Office:** \_\_\_\_\_ **County:** \_\_\_\_\_  
**Daytime Phone:** \_\_\_\_\_ **Preferred Mailing Address:**  
 (if different from agency address)  
**Home Phone:** \_\_\_\_\_ (optional) **Street:** \_\_\_\_\_  
**Fax Number:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_  
**Email address:** \_\_\_\_\_

*Special Considerations*

Do you have any disabilities (including allergies or medical conditions) that require special considerations or arrangements?    Yes    No

I certify that the information I have given on this application is correct.

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

I have reviewed this application and approve attendance of the above named.

**County Director's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

I have reviewed this application and approve attendance of the above named.

**Area Manager's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**KyEM USE ONLY:**    Approved     Waiting List     Prerequisite Not Met     No Show