

DHS/FEMA National US&R Response System Mentor Application (Please Type)

Applicant's Personal Information								
Date of Application:				Task Force:				
Name:								
Address:								
Cit	y:	State:		Zip Code:				
Со	ntact Phone:			Email Address:				
Requirements								
Must be either a Certified Handler or Rostered Evaluator								
1.	Certified Handler	☐ Yes	□ No	Date:				
2.	Rostered Evaluator	☐ Yes	□ No	Date:				
Other								
1.	Lead Evaluator	☐ Yes	□ No	Date:				
2.	Search Team Manager	☐ Yes	□ No	Date:				
3.	FEMA Rostered Instructor (list disciplines below)	☐ Yes	□ No	Date:				
	1.	l .						
	2.							
	3.							
	4.							
	5.							
4.	Number of Canines Certified (Current and Past):							
5.	Number of Years in the FEMA US&R System:							
6.	Deployment History (list below)							

6.	b. List Additional Related Experience/Qualifications and/or CV							
References								
	Name	Contact Number		Email Address				
1.								
2.								
3.								
I affirm that I have read, understand and will abide by the DHS/FEMA/US&R Code of Conduct and understand that violation of said rules and Code of Conduct may result in loss of certifications, loss of evaluator status and/or referral to the appropriate authorities. I further affirm that I understand that abuse of the canine is not permitted at any time.								
Apı	olicant Signature:		Date:					
Task Force Approval								
The Program Manager/Training Coordinator and Canine Coordinator recommend the applicant as a Mentor.								
	Program Manager/Training Coordina	ator	Canine Coordinator					
(Signature)			(Signature)					
(B) (11)			(Drinted Name)					
(Printed Name)			(Printed Name)					
Date:			Date:					
Address:			Address:					
Email:			Email:					
Phone:			Phone:					
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