KENTUCKY DIVISION OF EMERGENCY MANAGEMENT

Region 6

TRAINING ANNOUNCEMENT

20-HR. Man-Tracking Awareness

DATES: Friday, June 11 through Sunday, June 13, 2010

LOCATION: Owenton-Owen County Fire Department, 404-406 South Main Street, Owenton, KY

REGISTRATION DEADLINE: COB June 1, 2010
Email or Fax registration to:

The class begins at 6**:00 PM (CDT)** on Friday. Course hours are Friday 6:00pm – 10:00pm; 8:00 a.m. – ?p.m. Saturday and 8:00 a.m. to 4:00 p.m. Sunday. There will be a night exercise on Saturday night.

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

COURSE DESCRIPTION: This course teaches basic Track-Awareness using Ab Taylor's Fundamentals of Mantracking: The Step-by-Step Method 2nd Edition. The curriculum covers the purpose and benefits of tracking, clue awareness, sign-cutting and the tracking stick, track aging, track ID, handling evidence, tracking teams, and tracking at night. Students will learn how to "teach themselves" long after the class is over.

Mantracking is ***NOT*** a SAR class as required by KRS 39F and KAR 106, but a valuable resource for SAR missions. This discipline is used in addition to the GSAR, FunSAR, and BSAR classes. This course is geared toward the inexperienced, novice SAR team member, as well as a good refresher for experienced searchers and trackers.

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

EQUIPMENT NEEDS: All students should have two dependable flashlights with spare batteries, a canteen or equivalent, a sturdy walking stick (min. 48") and rubber bands. Bring a pencil and paper for notes. Since the course involves an outdoor activity students should dress appropriately for current and predicted weather conditions. Sturdy, boots (waterproof preferably) are required for all those intending to participate in the search activities. Tennis shoes will not be acceptable.

CANCELATIONS: The course minimum is 15 students pre-registered. Maximum is 25. 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. There are hotels/motels in Carrollton and Dry Ridge.

NOTE: You will be receiving a letter from this office to say you have been accepted as a student in the Man-Tracking class. Please provide an email address on the Training Registration Application.

Kentucky Emergency Management
Region 6 Office
183 Beaver Road
Walton, KY 41094
FAX: 502-607-3113

TRAINING REGISTRATION APPLICATION

Course Information

Course name: **Man-Tracking Awareness**
Date(s) of course: **June 11-13, 2010**
Location of the class: **Owenton-Owen County Fire Department 404-406 S. Main St., Owenton**

REGISTRATION DEADLINE: COB June 1, 2010

Email or Fax registration to: leeann.gibson@ky.ngb.army.mil, (F) 502-607-3113

Student & Agency Information

Name: _____

Agency: _____

Your Title: _____**Years at agency:** _____

Mailing Address: _____

City: _____**State:** _____ **Zip:** _____

Area Office: _____ **County:** _____

Daytime Phone: _____

Home Phone: _____**(optional)**

Fax Number: _____

Preferred Mailing Address:
(if different from agency address)

Street: _____

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 ☐