## Chautauqua County Fire and Emergency Medical Mutual Aid Plan Special Team Participation Authorization

The Participant named below is a qualified member of the Agency listed below and is
authorized by the Chief of such agency and its supervising municipality* to act as an active
Participant in the
(insert name of specialized county team)
This authorization may be withdrawn at any time in writing by the Chief and the
Supervising Municipality. Should the team Participant be dismissed from the team, the Fire
Chief shall be notified.
Pursuant to the Chautauqua County Mutual Aid Plan, the Participant's
Agency/Supervising Municipality acknowledge and certify that the Participant shall be
covered by the Agency/Supervising Municipalities VFBL or WCB insurance coverage for all
Special Team activities.
Participant's Name:
Participant's Address:
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Agency Name:
Chief's Authorization:
Supervising Municipality's Authorization:
Office of Emergency Services:
Team Leader:
DATE APPROVEDDATE SEPARATED

\*The town, village, city, or fire district in which the agency is situated.

Revised 8-16-17