

# TECHNICAL RESCUE TEAM

## Application for Membership

Name \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
Member of \_\_\_\_\_ Fire Department Since \_\_\_\_/\_\_\_\_/\_\_\_\_  
Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ e-mail \_\_\_\_\_  
Person(s) to notify in event of emergency (include relationship & phone numbers):  
\_\_\_\_\_  
\_\_\_\_\_

Two years of active membership in a fire department and the following courses are required of all applicants.  
FireFighter 1 or equivalent.

Indicate, with a check mark, the courses below that you have completed:

- |                                                       |                                                                 |                                               |                                                   |
|-------------------------------------------------------|-----------------------------------------------------------------|-----------------------------------------------|---------------------------------------------------|
| <input type="checkbox"/> Intermediate FF              | <input type="checkbox"/> Advanced FF.                           | <input type="checkbox"/> FF Safety & Survival | <input type="checkbox"/> Mask Confidence          |
| <input type="checkbox"/> FAST Team Oper.              | <input type="checkbox"/> Conf-Space Aware                       | <input type="checkbox"/> Rescue Tech Basic    | <input type="checkbox"/> Ropes 1                  |
| <input type="checkbox"/> Haz Mat 1 <sup>st</sup> Resp | <input type="checkbox"/> Accident Victim Extrication Technician | <input type="checkbox"/> MLSC Tools           |                                                   |
| <input type="checkbox"/> Ropes 2                      | <input type="checkbox"/> Trench Awareness                       | <input type="checkbox"/> Trench Ops           | <input type="checkbox"/> Trench Technician        |
| <input type="checkbox"/> MLSC Exterior                | <input type="checkbox"/> MLSC Interior                          | <input type="checkbox"/> MLSC Void Search     | <input type="checkbox"/> Basic Collapse Awareness |
| <input type="checkbox"/> MLSC Concepts                |                                                                 |                                               |                                                   |

List the names and dates of other courses you have completed, offices held and experience highlights which may help to qualify you as a team member. Use back of this page if needed.

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

List two other references that we may contact. Include name, address, phone number(s) and relationship.

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

Please have the Chief Officer of your department sign this application. The Chiefs Signature will be considered a reference for the processing of this application.

Signature \_\_\_\_\_ Title \_\_\_\_\_

Within the Freedom of Information Law, all information contained in, or obtained for this application for membership will remain confidential and will be used only for internal membership processing.

In witness whereof, this application has been subscribed by the undersigned applicant, who affirms that the statements made herein are true under penalties of perjury.

Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Privacy Notification

Section 94 of the Public Officers Law (personal privacy protection law) requires that you be notified of the following facts when information, which will be maintained in a records system, is collected from you:

The authority to collect personal information from you is found in Article 6 of The Executive Law.

The information obtained will be:

- Used to determine your qualifications for the position for which you are applying.
- Confirmed by reference to your training record and contact with personal references
- Released to the County Fire Advisory Board and to your potential supervisor
- Maintained on file in the Chautauqua County Office of Emergency Services

Your initials here indicate that you have reviewed and understand the Basic information for applicants form provided with this application. \_\_\_\_\_

Thank you sincerely for your interest in this team.

Please direct the completed application with all documentation and any inquiries to:

Julius J. Leone, Jr., Director  
Office of Emergency Services  
Gerace Office Building  
3 North Erie Street  
Mayville, NY 14757

