

FAYETTE COUNTY TECHNICAL RESCUE TEAM, INC.

Membership Application

APPLICANT INFORMATION: *(please print clearly and ATTACH copy of drivers license)*

Name: (Last) _____ (First) _____ (Middle Initial) _____

Address: _____

City/Town: _____ State _____ Zip _____

SSN: _____ - _____ - _____ EVOC Certification and Exp. Date _____

Drivers License No. _____ State _____ Class _____ Endorsements _____

CONTACT INFORMATION:

Home Phone: _____ Cell Phone: _____

Business Phone: _____ E-Mail Address: _____

AGENCY/ASSOCIATION INFORMATION *(agency association not required for membership)*

Fire _____ Police _____ Ambulance _____ Other _____

Agency/Employer: _____ Position: _____

Address: _____

City/Town: _____ State _____ Zip _____

Supervisor: _____ Phone: _____

QUALIFICATIONS: *(briefly describe level of training, and ATTACH copies of training certificates)*

Basic Fire (NFPA 1001): _____

Medical Training (First Responder, EMT, EMT-P, RN, MD, etc.) _____

Extrication Rescue (Vehicles & Machinery) _____

Water Rescue (Surface, Swift, Cold & Ice) _____

Rope Rescue _____

Trench Rescue _____

Structural Collapse Rescue _____

Confined Space Rescue _____

Dive Rescue _____

Search & Rescue _____

Hazardous Materials / Radiological _____

Transportation Incidents (Aircraft & Train) _____

Terrorism & W.M.D. Incidents _____

Mass Casualty & Disaster _____

Large Animal Rescue _____

Other _____

SPECIAL QUALIFICATIONS: *(briefly describe level of training and ATTACH documentation)*

Heavy Equipment Operator License: _____
Scuba Diver License _____
Other _____

MEDICAL INFORMATION:

Male Female DOB ____/____/____ Height ____ ft. ____ in. Weight _____ lbs.

Medications _____

Blood Type _____ Allergies _____

Physical Condition and ANY limitations that I have that may limit my level of Team participation:

Personal Physician: _____ Phone: _____

Date of Last Tetanus Booster: _____ Immunizations: _____

EMERGENCY CONTACT INFORMATION:

Name: _____ Relationship: _____

Address: _____

City/Town: _____ State _____ Zip _____

Home Phone: _____ Cell Phone: _____

Business Phone: _____ Other: _____

I certify that the information I have provided is complete, accurate and truthful. I hereby give permission for the Fayette County Technical Rescue Team to conduct a review of my driving record, criminal history background check and drug check. In addition, I hereby consent to the taking, use and publication of my image through photographs and otherwise, both now and in the future for FCTRT use.

Signature: _____ Date: _____