

# 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: \_\_\_\_\_