

Westchester County Technical Rescue Team Membership Application



APPLICANT INFORMATION *(please print clearly)*

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

Address: _____

City/Town: _____ State _____ Zip _____

SSN: (last 4 digits) XXX – XX - _____

CONTACT INFORMATION:

Home Phone: _____ Cell Phone No & Provider: _____

Business Phone: _____ Pager (Specify if Alpha-numeric): _____

E-MAIL Address: _____ NEXTEL Private ID# _____

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

Fire Police Ambulance Other

Agency/Employer: _____ Position: _____

Address: _____

City/Town: _____

Supervisor: _____ Phone: _____

QUALIFICATIONS:

(Briefly describe level of training, attach documentation)

Basic Fire (NFPA 1001): _____

First Responder HazMat: _____

Rope Rescue: _____

Confined Space Rescue: _____

Structural Collapse: _____

Excavation (trench) Emergencies: _____

Use of rescue tools (list): _____

Search operations _____

SPECIAL QUALIFICATIONS:

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

Heavy Equipment operator licenses: _____

Other: (special skills/certifications/languages etc.) _____

MEDICAL INFORMATION:

Male Female DOB ___/___/_____ Height ___ft. ___in. Weight _____ lbs.

Medications _____

Blood Type _____ Allergies _____

Physical Conditions / Limitations that may limit Team 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: _____ Work Phone: _____

Cell Phone: _____ Other: _____

By signing I certify that the information I have provided is accurate and truthful. I hereby give permission for the County to conduct a review of my driving record as well as a criminal history background check.

Signature: _____ Date: _____

Please attach photo copy of driver's license

If you are affiliated with an emergency services agency in Westchester or will have industry sponsorship and plan to work with the Westchester County Technical Rescue Team as part of your affiliated agency, please have your Chief / Executive Officer sign this form.

Permission is hereby granted to: _____ to participate as a member of the Westchester County Technical Rescue Team.

(Chief / Exec. Officer Signature)

(Title)

(Date)

(Print Name)

**Please send the completed application to: Westchester County Dept. of Emergency Services
4 Dana Road
Valhalla, NY 10595
Attn: Chief Pitocco**