ROCKLAND COUNTY
TECHNICAL RESCUE TEAM
MEMBER APPLICATION

Please make sure that the following is included in your Technical

Rescue Team member application packet:

Application ☐

Resume ☐

Letter of Recommendation from Fire Department ☐

Emergency Contact Form ☐

Permission for Background Check ☐

Copy of Driver's License ☐

Copies of Training Certificates ☐

Insurance Information ☐

TECHNICAL RESCUE TEAM APPLICATION

Print or Type

Name:	**Date of Birth:**
Address:	
Home #:	**Work #:**
Cell #:	**E-Mail:**
Name of Sponsoring Fire Department:	
Reason for Joining:	

Training Records: List Technical Rescue training courses. If none, indicate so.

Medical Classification: Provide copy of Fire Department physical. (Note: just the copy letter that identifies interior, exterior, etc.)

Application Reviewed By: _____

Approved By: _____

RESUME

Name:

Address:

Phone: **Fax:**   **E-Mail:**

Objective

Experience

Education

Rockland County Technical Rescue Team
Emergency Contact Information

Team Member's Name _____

Home Address _____

Home Telephone Number _____

Work Number _____Cell Number_____

Primary Emergency Contact _____

Address _____

Telephone Number _____

Secondary Emergency Contact _____

Address _____

Telephone Number _____

Other Information _____

Blood Type _____

Date of Birth _____

Physician _____

Physician's Telephone Number _____

PERMISSION FOR BACKGROUND CHECK

I hereby give permission for the Police to do a background check on me.

_____   _____

Name: **Signature:**