

# Cumberland County Technical Rescue Operations Team Membership Application

## General Information

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_ Religion: \_\_\_\_\_  
 Primary Affiliation: \_\_\_\_\_ Co #: \_\_\_\_\_  
 Contact Person/Coordinator: \_\_\_\_\_ Position/Rank: \_\_\_\_\_  
 Employer: \_\_\_\_\_

## Contact Information

Home Phone: \_\_\_\_\_  Check if Unlisted  
 Work Phone: \_\_\_\_\_ Extension: \_\_\_\_\_  
 Pager: \_\_\_\_\_  Primary Contact Email: \_\_\_\_\_  
 C-Phone: \_\_\_\_\_  Primary Contact Nextel Direct Connect #: \_\_\_\_\_

NOTE: Primary contact phones/pagers must be able to receive "text" messages.

## Emergency Contact Information

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_  Check if Unlisted  
 Work Phone: \_\_\_\_\_ Extension: \_\_\_\_\_  
 Pager: \_\_\_\_\_ Email: \_\_\_\_\_

## Training / Certification Information

Essentials of Fire Fighting (or equivalent)  Yes  No Date: \_\_\_\_\_  
 Fire Fighter I  Yes  No Fire Fighter II  Yes  No Officer I  Yes  No  
 Hazardous Materials  Awareness  Operations  Technician  
 Confined Space Rescue  Awareness  Operations  Technician  
 Trench Rescue  Awareness  Operations  Technician  
 Structural Collapse  Awareness (I)  Operations (II)  Technician  
 Rope Rescue  Ropes & Rigging  Rope I  Rope II  Rope III  Rope IV  
 Vehicle Rescue  Awareness (Basic II)  Operations (Advanced or II)  Technician

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## Training / Certification Information

Vehicle Rescue  Awareness  Phase I  Phase II  Phase III Level: \_\_\_\_\_

Boating Safety Certificate/License # \_\_\_\_\_

DOH - Basic Rescue Practices Certification # \_\_\_\_\_

DOH/SFA - Basic Vehicle Rescue Technician Certification # \_\_\_\_\_

## EMS Certification Information

EMS Certification (Check One)  FR  EMT  EMT-P  PHRN Certification # \_\_\_\_\_

Other EMS Training  First Aid  Emergency Response Other \_\_\_\_\_

CPR / AED Qualified  Yes  No CPR Expiration Date \_\_\_\_\_

## Medical History

Past Medical History \_\_\_\_\_

Current Medications \_\_\_\_\_

Allergies \_\_\_\_\_ Blood Type \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone Number \_\_\_\_\_

## Additional Information

Course	Hours	Date

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I attest that the above information is correct to the best of my knowledge and appropriately reflects my training and certification with respect to my participation with the Cumberland County Technical Rescue Team.

\_\_\_\_\_ Date: \_\_\_\_\_  
(Applicants Signature)

In signing below I attest that the above noted individual is a member in good standing and is participating with the full approval of this department, which included being covered under Workers Compensation Insurance for all training and /or deployment activities.

\_\_\_\_\_ Date: \_\_\_\_\_  
(Signature of Representative from Participating Department)

\_\_\_\_\_  
(Position / Title)

\_\_\_\_\_  
(Department / Agency)

***\*\*Please attach copies of all pertinent training certificates to this application\*\****

Return completed and signed application to:  
Cumberland County  
Department of Public Safety  
Attn: Michele Parsons  
1 Public Safety Drive  
Carlisle PA 17013-7300