



# Niagara County Technical Rescue Team



## 2010 Team Member Application

PLEASE READ & COMPLETE EACH ITEM CAREFULLY

### Personal Information: (PLEASE PRINT ALL INFORMATION)

Last Name:		First:	
Address:			
City:		State:	Zip:
Home Phone:		Cell Phone:	
Email:			

### TRAINING INFORMATION: (PLEASE PRINT ALL INFORMATION)

Technical Rescue Training Completed :

### FIRE DEPT. INFORMATION: (PLEASE PRINT ALL INFORMATION)

Fire Dept. Name:	
<b>FIRE CHIEF:</b> The firefighter listed above is an active member of my fire department and is authorized to participate as a team member both for training and emergency responses. I understand that training or emergency responses are dangerous and that I am approving this firefighter to participate in technical rescue training or response as a member of my department.	
Chief's Signature:	Print Chief's Name

I, \_\_\_\_\_, have read and fully understand and agree with the above information. I understand and acknowledge the importance of safety during the training and response and further acknowledge that if a team leader believes that my behavior or abilities may cause a safety risk to myself or another, the team leader has the authority to remove me from the training session or response.

\_\_\_\_\_  
Signature of Firefighter

\_\_\_\_\_  
Date