



**NIAGARA COUNTY  
FIRE COORDINATOR &  
EMERGENCY SERVICES OFFICE**  
5574 Niagara Street Ext.  
P.O. Box 496  
Lockport, New York 14095-0496

**JONATHAN SCHULTZ**  
*Fire Coordinator  
Director of Emergency Services*

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(716) 438-3171  
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www.niagaracounty.com/fire*

NIAGARA COUNTY TECHNICAL RESCUE TEAM

PERSONAL INFORMATION

Date \_\_\_\_\_

NAME \_\_\_\_\_ SOC.SEC# \_\_\_\_\_  
Last First MI

ADDRESS \_\_\_\_\_ TELEPHONE \_\_\_\_\_ (Home)  
\_\_\_\_\_ (Cell)  
\_\_\_\_\_ (Work)

E-MAIL \_\_\_\_\_

EMPLOYER \_\_\_\_\_ JOB TITLE \_\_\_\_\_

ADDRESS \_\_\_\_\_

FIRE SERVICE

FIRE DEPARTMENT \_\_\_\_\_

YEARS IN SERVICE \_\_\_\_\_ PRESENT DEPARTMENT RANK \_\_\_\_\_

PREVIOUS DEPARTMENTS OR RANKS(include dates)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

TECHNICAL RESCUE TRAINING OR EDUCATION

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FIRE SERVICE TRAINING

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DRIVER'S LICENSE # & CLASS \_\_\_\_\_

OTHER SKILLS THAT MAY APPLICABLE

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LIST THREE (3) REFERENCES (include contact info)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

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SIGNATURE OF APPLICANT

**NIAGARA COUNTY TECHNICAL RESCUE  
INFORMATIONAL SHEET**

**NAME:** \_\_\_\_\_

**NIAGARA COUNTY FIRE DEPARTMENT:** \_\_\_\_\_

**LAST FIT TEST:** \_\_\_\_\_

**TYPE OF SCBA USED AT FIRE DEPARTMENT OR WORK:**

**(Be specific)** \_\_\_\_\_

**SIZE OF MASK:** \_\_\_\_\_

**AS FIRE CHIEF OF THE \_\_\_\_\_ FIRE COMPANY OR DEPARTMENT, I HEREBY AUTHORIZE THE ABOVE-NAMED FIREFIGHTER TO RESPOND TO TECHNICAL RESCUE INCIDENTS UNDER THE MUTUAL AID AGREEMENT, AND THAT ALL INFORMATION IS TRUE TO BEST OF MY KNOWLEDGE. I UNDERSTAND THAT THE RESPONSIBILITY FOR COMPENSATION COVERAGE REMAINS WITH OUR FIRE COMPANY OR DEPARTMENT.**

**SIGNED** \_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Print Name**

**NIAGARA COUNTY TECHNICAL RESCUE TEAM  
INFORMATIONAL SHEET**

Name \_\_\_\_\_ Social Security # \_\_\_\_\_ DOB \_\_\_\_\_

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**\*\*\* PERSONAL INFORMATION \*\*\***

Address \_\_\_\_\_ Phone Number \_\_\_\_\_  
\_\_\_\_\_ Pager Number \_\_\_\_\_

E-Mail \_\_\_\_\_

Fire Department/Employee  
\_\_\_\_\_

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**\*\*\* MEDICAL STATUS \*\*\***

Medical Clearance \_\_\_\_\_ Date of Last Physical \_\_\_\_\_  
Physician \_\_\_\_\_  
LHCP \_\_\_\_\_ Medications \_\_\_\_\_  
Restrictions \_\_\_\_\_ Allergies \_\_\_\_\_

Please do not fill out any of the above information if you do not wish to. By signing the bottom of this form you consent to permitting this information on a database for the exclusive use of the Niagara County Technical Rescue Team for emergency use only.

Please give the EMS officer a copy of your current medical status (i.e., Photocopy of Occumed Card)

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**\*\*\* TRAINING INFORMATION \*\*\***

Level of Training  
\_\_\_\_\_

Please give the training officer a copy of all technical related certifications. This includes any training certifications done through Niagara County Emergency Services, fire company drills, outside training agencies, fire academies, and others. If you have any questions, contact the training officer.

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**\*\*\* SIGNATURE \*\*\***

Sign \_\_\_\_\_ Date \_\_\_\_\_