



GENESEE COUNTY EMERGENCY MANAGEMENT OFFICE
Emergency Support Unit

Application for Membership

DATE	FIRE DEPT		
LAST NAME	FIRST NAME	MIDDLE NAME	
STREET ADDRESS			
CITY		STATE	ZIP
PHONE NUMBER – CELL		E-MAIL ADDRESS	

DRIVER'S LICENSE INFORMATION:

CLASS	STATE
OPERATORS'S NUMBER	Have you ever been convicted of a traffic offense? YES <input type="checkbox"/> NO <input type="checkbox"/>
If yes, list violation(s) and date(s).	

EMPLOYMENT INFORMATION:

EMPLOYER'S NAME	SUPERVISOR'S NAME		
STREET ADDRESS	CITY	STATE	ZIP
SHIFT	CAN YOU BE CONTACTED AT WORK? <input type="checkbox"/> Yes <input type="checkbox"/> No	PHONE NUMBER	

EMERGENCY CONTACT INFORMATION:

LAST NAME	FIRST NAME	RELATION TO YOU
STREET ADDRESS		
CITY	STATE	ZIP
PHONE NUMBER – CELL		

PERSONAL PROTECTIVE EQUIPMENT:

PANT SIZE (WAIST & LENGTH)	SHIRT SIZE <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> XX <input type="checkbox"/> XXXL	SHOE SIZE (INCLUDING WIDTH)
Issue Date:	Issue Date:	Issue Date:

TRAINING AND EDUCATION:

	INSTITUTION NAME	YRS COMPLETED	FIELD OF STUDY	GRADUATE OR DEGREE
High School				
College/University				
Business/Technical				
NYS Courses (OFPC)				

SKILLS & QUALIFICATIONS

Other qualifications such as special skills, abilities or honors that should be considered:

Professional licenses, certifications or registrations:

I declare that all statements on this application and any attachments are true to the best of my knowledge.

_____ APPLICANT NAME (PRINT) _____ APPLICANT SIGNATURE

I attest that _____ is an active member in good standing of the _____ Fire Dept.
(Applicant Name) (Fire Department Name).

_____ CHIEF'S NAME (PRINTED) _____ CHIEF'S SIGNATURE

Genesee County Specialized Team Member Requirements

- All applicants must be an active member, in good standing with a Genesee County fire department.
- Must have a minimum of three (3) years as a Firefighter I or equivalent.
- Must have either Hazardous Material Technician Modules 1-3 certification and/or Rescue Technician –Basic, ICS 100, 700, 800, 200 at the time of appointment.
- Must NOT be currently receiving disability benefits or Workman’s Compensation.
- Must attend 50% of the yearly scheduled training and drills to maintain membership.

SUBMIT YOUR COMPLETED APPLICATION, TRAINING CERTIFICATION & VERIFICATION OF CURRENT PHYSICAL TO:

Mail -OR- E-mail: -OR- FAX:
 Genesee County Office of Emergency Management ems.dept.@co.genesee.ny.us 585-345-3098
 ATTN: Fire Coordinator
 7690 State Street Road
 Batavia, NY 14020