

# Lincoln County Rescue Task Force Membership Form

## Applicant Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_

*City State ZIP Code*

Mailing Address: \_\_\_\_\_  
*(If different) Mailing Address*

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Current Fire/Rescue Department: \_\_\_\_\_

Do you have any health problems which may affect your ability to perform Emergency Support? YES NO

*If yes, please explain:* \_\_\_\_\_

Are you 18 years or older? YES NO Are you a citizen of the United States? YES NO

Have you ever been convicted of a felony or misdemeanor (*except minor traffic violations*)? YES NO

If yes, explain: \_\_\_\_\_

## Fire Fighting/Rescue Experience

Current Rank: \_\_\_\_\_

Firefighter/EMS Qualifications (i.e. Basic, FF1, FF2, EMR, EMT, EMT-A, Paramedic): \_\_\_\_\_

NIMS ICS Certifications: \_\_\_\_\_

Other Certifications: \_\_\_\_\_

TECC Trained?: YES NO TECC Expiration Date: \_\_\_\_\_

TCC-AC Trained?: YES NO TCC-AC Expiration Date: \_\_\_\_\_

Please list any prior fire/rescue experience or special skills, trainings, or certifications pertaining to the fire and EMS service that you may have. Please indicate skill level: *(use an additional paper if necessary)*

1. \_\_\_\_\_

2. \_\_\_\_\_

Additional Comment: \_\_\_\_\_

\_\_\_\_\_

**Previous Fire/Rescue Department**

Department Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Dates of Active Membership: **From:** \_\_\_\_\_ **To:** \_\_\_\_\_

Department Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Dates of Active Membership: **From:** \_\_\_\_\_ **To:** \_\_\_\_\_

**Character References**

*Please list two professional references from previous Fire/Rescue Departments (excluding relatives)*

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Department: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Department: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

**Current Employer**

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Work Schedule: \_\_\_\_\_

**Disclaimer and Signature**

*I hereby state that the information provided above is true and accurate to the best of my knowledge. I authorize the Lincoln County Rescue Task Force to verify the information given in this application. I am aware that failure to do so may result in the disqualification or immediate dismissal from the support team. I also authorize the release of my fire department training files to the Lincoln County Rescue Task Force for the purposes of reviewing this application and keeping records to show current qualifications on file.*

*By signing below, I hereby acknowledge that I have read, agree to and accept the above terms and statements.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Chief of Department Recommendation

I hereby certify that the above individual is a current member in good standing of \_\_\_\_\_  
I certify that to the best of my knowledge, the information on this application is correct and I recommend this individual for membership on the Lincoln County Rescue Task Force. I understand that membership on this team will involve this individual responding as an individual unit in a mutual aid capacity and will be using equipment issued from the members home department in such a response. Liability and worker's compensation will be covered for the member when responding as a part of a Lincoln County Rescue Task Force event. Please review M.R.S. Title 37-B, Chapter 13, MAINE EMERGENCY MAMANGEMENT AGENCY §823. Compensation for injuries received in line of duty, and §784-A. Right to call for and employ assistance.

Town/Department: \_\_\_\_\_

Chief of Department (*printed name*): \_\_\_\_\_

Chief of Department's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***Upon acceptance to the Lincoln County Rescue Task Force, a release form will be provided in order to conduct a full background check. Continued membership is contingent on the results of the background check.***

## For Office Use Only

Received on: \_\_\_\_\_

Found Complete on: \_\_\_\_\_

Committee Review Complete on: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

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