



Chautauqua County Hazardous Materials Response Team

2 Academy St. Mayville, NY 14757 (716) 753-4341

Application for Membership

Name _____ Date ____/____/____
Member of _____ Fire Department
Since ____/____/____
Home Address _____ City _____ State _____
Zip _____
Home Phone _____ Work Phone _____ Cell Phone _____ and Provider _____
e-mail _____
Person(s) to notify in event of emergency (include relationship & phone numbers): _____

Indicate, with a check mark, the courses below that you have completed:

<input type="checkbox"/> Intermediate FF.	<input type="checkbox"/> Advanced FF.	<input type="checkbox"/> Scene Support	<input type="checkbox"/> Firefighter I
<input type="checkbox"/> Hazmat 1 st Responder	<input type="checkbox"/> Hazmat Technician	<input type="checkbox"/> Confined Space Rescue	<input type="checkbox"/> Mask Confidence
<input type="checkbox"/> Technical Rescue	<input type="checkbox"/> FF Safety & Survival	<input type="checkbox"/> Collapse Rescue	<input type="checkbox"/> Hazmat Safety Officer
<input type="checkbox"/> EMT - Level _____	EMT Number _____	Expiration Date _____	

List the names and dates of other courses you have completed, offices held and experience highlights which may help to qualify you as a team member. Use back of this page if needed.

The Chief of your department will be considered a personal reference. In addition, list two other references that we may contact. Include name, address, phone number(s) and relationship.

Within the Freedom of Information Law, all information contained in, or obtained for this application for membership will remain confidential and will be used only for internal membership processing.

In witness whereof, this application has been subscribed by the undersigned applicant, who affirms that the statements made herein are true under penalties of perjury.

Applicant's signature: _____ Date: _____

Witness Signature: _____ Date: _____

Privacy Notification

Section 94 of the Public Officers Law (personal privacy protection law) requires that you be notified of the following facts when information, which will be maintained in a records system, is collected from you:

The authority to collect personal information from you is found in Article 6 of The Executive Law.

The information obtained will be:

- Used to determine your qualifications for the position for which you are applying.
- Confirmed by reference to your training record and contact with personal references
- Released to the County Fire Advisory Board and to your potential supervisor
- Maintained on file in the Chautauqua County Office of Emergency Services

Your initials here indicate that you have reviewed and understand the Basic information for applicants form provided with this application. _____

The following must be submitted with this application:

- A letter of recommendation from the chief of your fire department.
- A copy of your driver's license, and another form of Identification.
- A copy of your most recent Firefighter Physical card or report.
- A certification that you successfully completed you SCBA fitness test if applicable

As part of the application process, you will be contacted to set up a mutually convenient time for an interview.

You may be required to take an updated firefighter physical fitness test, and SCBA fit test and/or a drug test and to provide a demonstration of your ability to conduct certain tasks required of team members.

Thank you sincerely for your interest in this team.

Please direct the completed application with all documentation and any inquiries to:

Daniel T. Imfeld
Deputy Fire Coordinator - Hazmat
Office of Emergency Services
Gerace Office Building
2 Academy Street, Suite A, Room 106
Mayville, NY 14757
716-410-4263