

GREENVILLE COUNTY EMERGENCY RESPONSE TEAM PERSONNEL INFORMATION DATA APPLICATION

New Team Member

Update Member

PERSONAL INFORMATION

First Name	Last Name		
Home Address	Last 4SS#		
City, State, Zip	DL# & Class		
Cell Number	Cellular Provider		
Cell Phone Type	Android		
	iPhone		
Email			
Emerg. Contact			Phone
Emerg. Contact 2			Phone

DEPARTMENT INFORMATION

Department/Organization			
Address	Office Phone		
City, State, Zip			
Job Title			
Mutual Aid Agreement Signed			
Other Memberships	SCTF1	SCTF6	H.A.R.T.

TRAINING CERTIFICATIONS

Hazardous Materials Certifications (Check all that apply)

Hazmat Awareness
Hazmat Operations
Hazmat Technician
Hazmat Specialist
Chlorine Response Specialist
Risk Based Response Air Monitoring

Technical Rescue Certifications (Check all that apply)

3310 Tech Rescuer/Rope Ops
3316 Rope Rescue High Angle Ops
3350 and/or Equivalent Water Rescue Operations
3390 Confined Space Entry Operations
3312 Trench Rescue 1
3392 Confined Space Rescue
Collapse Shoring Certification
Open Water Dive Certification
Public Safety Dive 1
Public Safety Dive 2

ICS Certifications (Check all that apply)

ICS 100	ICS 200	ICS 300	ICS 400
ICS 700	ICS 800		

Fire Certifications (Check all that apply)

1210 EVDT
1211 Class E
1220 Pump Ops
1250 Aerial Ops
1153 Firefighter 1
1154 Firefighter 2
1181 Wildland Fire Training
2150 Incident Safety Officer
Fire Officer 1
Fire Officer 2
Fire Officer 3
Fire Officer 4

Aircraft Rescue Certifications (Check all that apply)

3400 Airport Firefighter
3402 Municipal FD Approach to Aircraft Rescue
3409 ARFF Foam and Flammable Liquids Firefighting

Emergency Medical Certifications (Check all that apply)

1800 Emergency Medical Responder
1820 EMT Basic
Paramedic
Tox Medic

I, _____, (signature & title) give permission to _____ to become a member of the **Greenville County ERT Rescue Division** and understand that he/she will be covered by our Workman's Compensation Insurance during scheduled training and when responding under mutual aid agreements.

I, _____, (signature & title) give permission to _____ to become a member of the **Greenville County ERT Haz Mat Division** and understand that he/she will be covered by our Workman's Compensation Insurance during scheduled training and when responding under mutual aid agreements.

Applicant Signature _____

Date of Application _____

ERT ID Number _____ (Office Use)

Department/Organization: _____

Chief/Supervisor: _____ Date: _____