



Wyoming County Emergency Response Team
151 North Main Street
Warsaw, NY 14569
(585) 786-8867

MEMBERSHIP APPLICATION FORM

Name: _____ D.O.B. ____/____/____

Address: _____, NY _____

Phone: (____) ____-____ (H) (____) ____-____ (Cell)

(____) ____-____ (Other) (____) ____-____ (Work)

Emergency Contact: _____ (____) ____-____

Relationship: _____ (____) ____-____ (Other)

Medical Conditions: _____

Allergies: _____ Medications: _____

Current Fire Department: _____

Current Chief: _____ (____) ____-____

Chief's Signature: _____ Date: ____/____/____

List Training or Provide Copies of Certificates: _____

Do you have a pager & what style: ____ Yes ____ No - Minitor II, III, IV, V (circle one)

Applicant's Signature: _____ Date: ____/____/____

***Note** – If an applicant is suspended or terminated by his/her department, applicant/member will be suspended from the Emergency Response Team as well. This is due to Workman's Compensation Insurance issues as well as laws governing members that must belong to a Fire Department/Rescue Squad/Ambulance Corps.