



COLUMBIA COUNTY FIRE COORDINATOR OFFICE SPECIAL TEAMS APPLICATION

50 GRANDINETTI DRIVE GHENT, N.Y. 12075 OFFICE (518) 822-8610 CELL (518) 851-9362



Special Operations Team

Membership Application

FAST Team ___ Haz Mat Team ___ C & O Team ___ Juvenile Fire Setter Team ___

(Check team which you are applying for)

Name: _____

Mailing Address: _____

Date of Birth: _____ Social Security Number: _____

Cell Phone Number: _____ Cell Phone Provider: _____

Driver License Number: _____

Medical History

Are you currently out of work on Workers Compensation or Disability

Yes _____ No _____

Allergies: _____

Illness/Chronic Disorders: _____

Medications: _____

Fire Service History

Fire Co./ Dept.: _____

Year joined: _____

Officer position(s)- Current/Past: _____

Fire Service Training History: (Please attach copies of certificates and/or LMS training course transcript: _____

Please indicate your strengths in particular Skills areas: (eg. pump ops, aerial devices, hose lines, etc.): _____

By signing below you acknowledge and agree:

Authorize the Columbia County Fire Coordinator's Office to conduct a background check.

Members serve at the discretion of the Columbia County Fire Coordinator's Office. The Fire Coordinator's Office has the full and final authority as to the operation of the Special Operation Teams and its membership. Changes to each are made at its sole discretion.

Signature: _____ Date: _____

INTERIOR TEAM MEMBER AUTHORIZATION FORM

This form will certify Firefighter:

(Firefighters Full Name Here)

1. Is an active member of his/her department and has a minimum of three (3) years of service in a Fire Department.
2. Is a Certified Interior Firefighter in his/her department and has been for a minimum of two (2) years. (IFO status shall be in accordance with the OSHA standard for Self Contained Breathing Apparatus).
3. It is recommended by the Department chief below. (The chief should take into consideration the number of structure fires that the firefighter has been in before making his/her recommendation).
4. Has met the following requirements
 - Firefighter 1 (or equivalent) Date:
 - SCBA Confidence Date
 - Firefighter Safety and Survival Date:
 - FAST Date:

Department Chief (print):

Signature:

Department: _____

Date:

CCFC Office USE ONLY

Approved: _____ Date: _____