



ERIE COUNTY HAZARDOUS MATERIALS/WMD EMERGENCY RESPONSE TEAM

Application for Membership

Date: _____

Name: _____ DOB: _____ SS#: - -

Address: _____ City/Town: _____ Zip: _____

Place of employment: _____

Work address: _____

Home phone: _____ Work Phone: _____ Pager: _____

In an emergency, notify: _____ Phone: _____

Address: _____

If applicable, list fire department or EMS affiliation: _____

Please list your New York State drivers license classification: _____

Check any training courses successfully completed: *(please attach documentation)*

HazMat Awareness HazMat First Responder Operations HazMat Technician
HazMat Incident Command EMT AEMT Paramedic Incident Command: 100 200 700

List any DHS-ODP courses completed: _____

Other relevant courses / experience / specialized degrees / education: _____

Briefly state why you want to be a member of the Hazardous Materials Response Team and how you became aware of the team:

Are you willing to undergo a physical examination at county expense to determine qualification for membership on the team? Yes No

Hours available for calls: AM _____ PM _____

Days available for calls: _____

Please list 3 references that you have known for more than three years (not family members)

| Name | Address | Phone # | Years Known |
|-------|---------|---------|-------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

The Erie County Hazardous Materials / WMD Response Team does not discriminate against any applicant or member based on race, color, religion, sex, national origin, or political affiliation.

I authorize the Erie County Hazardous Materials / WMD Response Team to perform a DMV check.

Signature of Applicant _____

Mail to: Erie County Hazardous Materials / WMD Response Team, 3359 Broadway, Cheektowaga, NY 14227
Fax to: (716) 681-4714