

# Ontario County Hazardous Materials Emergency Response Team

## Application for Membership for the Medical Team

(Please Print)

NAME: \_\_\_\_\_  
First Middle Last

ADDRESS: \_\_\_\_\_

PHONE NUMBERS: (W) \_\_\_\_\_ (H) \_\_\_\_\_

EMS AGENCY: \_\_\_\_\_

HAVE YOU BEEN AN ACTIVE MEMBER OF AN EMS AGENCY FOR 3 YEARS?  
Yes or No

IF YES, HOW MANY YEARS? \_\_\_\_\_

WHAT IS THE LEVEL OF YOUR CURRENT EMT CERTIFICATION? \_\_\_\_\_

LIST ALL TRAINING OR CERTIFICATIONS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(use separate sheet, if necessary)

DOES A LETTER OF RECOMMENDATION FROM YOUR HIGHEST RANKING  
OFFICER ACCOMPANY THIS APPLICATION: Yes No  
(If no, when will it be provided \_\_\_\_\_)

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

# **Ontario County Hazardous Materials Emergency Response Team**

## **Membership Qualifications and Training for the Medical Team**

1. Currently an Active member of an Ontario County EMS Agency with a minimum of three (3) years of EMT experience.
2. A letter of support from your Chief or Director of Operations.
3. Must be in good physical condition.
4. Must be able to demonstrate a good working knowledge of the EMS service and the ability to follow instructions and be disciplined.
5. Must be a “team” player and understand the “team” concept.
6. Have a basic knowledge of hazardous materials response.
7. Must be able to devote time for response and training.
8. Must understand the scope of responsibility and danger involved in this operation.
9. Knowledge of the Incident Command System.

### **Must have completed the following courses:**

1. Hazardous Materials First Responder Operations
2. Emergency Medical Technician or higher