



# Bluegrass Emergency Response Team

Bourbon, Clark, Estill, Fayette, Garrard, Jessamine, Madison, Nicholas, Powell, & Woodford

## MEMBERSHIP APPLICATION

### DEMOGRAPHIC INFORMATION

Ver. 07-2016

Last Name:	First Name:	Middle Initial:
Home Street Address:	City:	State (if not KY)/Postal Code:
Primary Email Address (checked regularly):		
Home Telephone:	Cellular Telephone:	
Agency or Employer Name:	Cellular Telephone Carrier (check one): <input type="checkbox"/> AT&T <input type="checkbox"/> Sprint <input type="checkbox"/> T-Mobile <input type="checkbox"/> Verizon <input type="checkbox"/> Other _____	
Agency or Employer Street Address:	City:	State (if not KY)/Postal Code:
Please list any pertinent medical information:		

### EDUCATION AND TRAINING INFORMATION

Incident Command System: <input type="checkbox"/> 100 <input type="checkbox"/> 200 <input type="checkbox"/> 300 <input type="checkbox"/> 400 <input type="checkbox"/> 700 <input type="checkbox"/> 800 <input type="checkbox"/> Incident Management Team <input type="checkbox"/> Other _____		
Hazardous Materials: <input type="checkbox"/> Awareness Level <input type="checkbox"/> Operations Level <input type="checkbox"/> Technician Level <input type="checkbox"/> Specialist Level		
Medical: <input type="checkbox"/> EMR <input type="checkbox"/> EMT <input type="checkbox"/> AEMT <input type="checkbox"/> Paramedic <input type="checkbox"/> Nurse <input type="checkbox"/> Physician <input type="checkbox"/> Other _____		
Rescue: <input type="checkbox"/> Confined Space <input type="checkbox"/> Dive <input type="checkbox"/> Heavy Rescue <input type="checkbox"/> Rope (High Angle) <input type="checkbox"/> Rope (Low Angle) <input type="checkbox"/> Structural Collapse <input type="checkbox"/> Swift Water <input type="checkbox"/> Trench <input type="checkbox"/> USAR <input type="checkbox"/> Other _____		
Please list any other pertinent education and training:		
Driver's License #:	KY Firefighter #:	KEMSIS #:

### APPLICANT DECLARATION

I declare by signing below that information on this application is presented true and correct. I further consent to a criminal background check and verification of all education and training. I shall attach documentation of current certification and/or licensure of any education and training listed.

Applicant Signature:

Date:

County Board Member Signature:

Date: