

FL-TF4 Membership Application

Last name: _____ First name: _____ MI: ____ DOB: _____
 Street Address: _____
 City: _____ State: ____ Zip: _____ FCDICE # _____
 Email address: _____
 Primary Phone: _____ Secondary Phone: _____ Last 4 of SSN: _____
 Emergency Contact Name and Phone: _____
 Emergency Contact Street Address: _____

Organization/Employer Name: _____
 Street Address: _____
 City: _____ State: ____ Zip: _____ Phone: _____
 Current Position: _____ Hire Date: _____ Years in current field: _____
 Supervisor: _____ Supervisor phone: _____

Check all that you possess: FL Firefighter FL Paramedic FL EMT First aid Valid DL Class A CDL
 Bloodborne Pathogens Course WMD for Hazmat I-100 I-200 I-300 I-400 I-700 I-800

NFPA 1006/1670 Courses				FEMA US&R Specialist Courses	
	Awareness	Operations	Technician		Task Force Leader
Rope					Safety Officer
Trench					Search/Planning Mgmt.
Confined Space					Planning/Tech Info. Specialist
VMR					Heavy Rigging Specialist
Structural Collapse					Medical Specialist
Hazardous Materials					Structure Specialist
Swiftwater/Flood					Logistics Specialist
					Technical Search Specialist
					Canine Search Specialist

In numerical order, prioritize ONLY three positions you desire. 1=highest desire, 3=lowest desire

Task Force Leader	Rescue Squad Officer	Structure Specialist
Safety Officer	Canine Search Specialist	HazMat Specialist
Planning Manager	Technical Search Specialist	Tech. Info. Specialist
Search/Rescue Manager	Rescue Specialist	Communications Specialist
Logistics Manger	Medical Specialist	Logistics Specialist
Medical Team Manager	Heavy Rigging Specialist	

Applicant:
 I confirm that all information provided is true and accurate and I have provided documentation of all licenses and training certifications indicated above as well as a physician's certification. I understand the policies of FL-TF4 and wish to become a member.
 Applicant Signature: _____ Date: _____

Employer:
 I support this application to FL-TF4. A signed affiliate membership agreement form accompanies this application (for organizations other than Seminole, Orange, and Orlando).
 Fire Chief or Chief Executive's Signature: _____ Date: _____

Mail the entire application package to: FL-TF4, 309 Cranes Roost Blvd. Suite 2000, Altamonte Springs, FL 32701