

# Alabama Task Force 1 Application for Membership

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name:

\_\_\_\_\_  
LAST FIRST MIDDLE

Address:

\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ - \_\_\_\_\_

Home: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ Work: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Cell: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Have you ever been a member of the US Armed Forces? Yes No

Are you currently a member of the Reserves or Guard? Yes No

If yes, what branch? \_\_\_\_\_

Are you: Single Married Divorced Widowed

Spouse or Partners Name:

\_\_\_\_\_

Do you have children? Yes No

E-mail will be the first line of communication, please list an address you check weekly:

\_\_\_\_\_

**EDUCATION:**

Degree:

\_\_\_\_\_

Certifications/Experiences:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What Days and times are best for you and training? (for non-Mobile Fire-Rescue employees)

\_\_\_\_\_

**EMPLOYER INFORMATION:**

Employer:

\_\_\_\_\_

Address:

\_\_\_\_\_

Title:

\_\_\_\_\_

Supervisor:

\_\_\_\_\_

Supervisor Phone:

( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

For purposes of reimbursement, are you willing to revile your hourly wadge and sign a Memo of Understanding between you and AL-TF1?      YES      NO

## Medical & Emergency Contact Information

Allergies: \_\_\_\_\_

List all vaccinations that you have had and approximat year (example: Small Pox '64): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Blood Type: \_\_\_\_\_

Medical History: \_\_\_\_\_

### **Emergency Contact 1:**

Name: \_\_\_\_\_

List two phone numbers for this person: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

### **Emergency Contact 2:**

Name: \_\_\_\_\_

List two phone numbers for this person: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_