

# LINCOLN COUNTY SPECIAL OPERATIONS TEAM PARTICIPATION APPLICATION

Name:			
Last	First	Middle	
Address:			
Street Address	City	State	Zip
DOB:		Social Security#	
Month/Date/Year		(last4)	
Department Affiliation:			
Applicant Contact:			
Home Telephone	Cell Telephone	E-mail Address	
Emergency Contact:			
Name		Relationship	Phone Number
Emergency Contact:			
Name		Relationship	Phone Number
What team are you applying for? (must fill out a separate application for each team applying for)			
___ Confined Space Rescue Team		___ Technical Rope Rescue Team	
___ Land Search Team		___ Water Rescue Team	
List most relevant certifications for team applying:			
Applicant Signature		Date of Application	
Fire Chief Signature		Date Received	
<p>Attach all applications by department to the Special Operations Member Participation Form signed by chief. Chief will then return these forms to:</p> <p>Lincoln County Emergency Management Attn: Bill Summers 115 West Main Street Lincolnton, NC 28092</p>			
Revised Form April 3, 2017			