

**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)				
<input type="checkbox"/> Confined Space Rescue Team		<input type="checkbox"/> Technical Rope Rescue Team		
<input type="checkbox"/> Land Search Team		<input type="checkbox"/> Water Rescue Team		
List most relevant certifications for team applying:				
Applicant Signature		Date of Application		
Fire Chief Signature		Date Received		
Attach all applications by department to the Special Operations Member Participation Form signed by chief.				
Chief will then return these forms to:				
Lincoln County Emergency Management				
Attn: Bill Summers				
115 West Main Street				
Lincolnton, NC 28092				
Revised Form April 3, 2017				