

Accountability Personnel Questionnaire

Last Name: _____ NYS Training ID #: NY _____
First Name: _____ EMT Certified: _____ Yes _____ No
Middle Initial: _____ Fire Dept. Name: _____

Driver's License #: _____

Rank/Title: ___ Firefighter ___ Fire Police ___ Auxiliary ___ Support Services ___ EMS

Phone 1: (____) _____ Type: _____ (Home, Cell, Work)

Phone 2: (____) _____ Type: _____ (Home, Cell, Work)

Email: _____

Mailing: Address 1: _____ Address 2: _____
City: _____ State: _____ Zip: _____

Home: Same as Mailing? _____

Address 1: _____ Address 2: _____
City: _____ State: _____ Zip: _____

Gender: _____ Race: _____ Height: _____ Hair: _____ Weight: _____

DOB: _____ Blood Type: _____ Eyes: _____

Medical Alerts: _____

Emergency Contact Person: _____

Emergency Contact Phone # (____) _____

Tag Color (**MUST BE COMPLETED**) _____ Red Tag – No Interior – Class C
_____ Yellow Tag – 1 Bottle Class B
_____ Green Tag – 2 Bottle Class A
_____ Blue Tag – EMS Only
_____ White Tag – Auxiliary only

Membership card _____

Fire Chief Signature: _____ Date: _____