

**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: \_\_\_\_\_

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**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: \_\_\_\_\_

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Medical Alerts: \_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_

Emergency Contact Phone # (\_\_\_\_) \_\_\_\_\_

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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: \_\_\_\_\_