

# GREENVILLE COUNTY EMERGENCY RESPONSE TEAM PERSONNEL INFORMATION DATA SHEET

New Team Member

Update Member

## PERSONAL INFORMATION

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First Name	Last Name
Home Address	Last 4SS#
City, State, Zip	DL# & Class
Phone	E-mail
Emerg. Contact	Phone
Emerg. Contact 2	Phone

## DEPARTMENT INFORMATION

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Department	Title
Address	Office Phone
City, State, Zip	Mutual Aid Agreement Signed

## TRAINING

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Please select highest level trained from drop down

Please list all  
other relevant  
certifications

I, \_\_\_\_\_, (signature & title) give permission to  
\_\_\_\_\_ to become a member of the **Greenville County**  
**ERT Rescue Division** and understand that he/she will be covered by our  
Workman's Compensation Insurance during scheduled training and when  
responding under mutual aid agreements.

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I, \_\_\_\_\_, (signature & title) give permission to  
\_\_\_\_\_ to become a member of the **Greenville County**  
**ERT Haz Mat Division** and understand that he/she will be covered by our  
Workman's Compensation Insurance during scheduled training and when  
responding under mutual aid agreements.

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Applicant Signature \_\_\_\_\_

Date of Application \_\_\_\_\_

ERT ID Number \_\_\_\_\_ (Office Use)