

### Accountability Badge Information Sheet

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Department: \_\_\_\_\_ Position: \_\_\_\_\_

**Fire Training Level: (Check One)**

- \_\_\_\_\_ Fire 1A 36 Hour
- \_\_\_\_\_ Fire 1B 72 Hour
- \_\_\_\_\_ Fire Level 1 120 Hour
- \_\_\_\_\_ Fire Level 2 240 Hour

Card # _____
Date Issued: _____
Initials: _____

**EMS Training Level: (Check One)**

- \_\_\_\_\_ EMT – 1<sup>st</sup> Responder
- \_\_\_\_\_ EMT – Basic
- \_\_\_\_\_ EMT – Intermediate
- \_\_\_\_\_ EMT – Paramedic
- \_\_\_\_\_ RN

**Hazardous Materials Training Level: (Check One)**

- \_\_\_\_\_ Hazmat Awareness
- \_\_\_\_\_ Hazmat Operations
- \_\_\_\_\_ Hazmat Technician
- \_\_\_\_\_ Hazmat Specialist

Blood Type: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_  
 Height: \_\_\_\_\_ Weight: \_\_\_\_\_

*Include any other response agency you are involved with and any special information you would like known. Ex Allergies, Sheriff Deput, Med Corp, LEPC, Public Works,*

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

I swear this information to be correct/accurate to the best of my knowledge. As training levels are updated a new badge will be issued to reflect changes. All information included on form is secure and will not be shared with anyone other than the Department head and Crawford County EMA.

Signature of Applicant:

Date: \_\_\_\_\_

Signature of Department Head

Signature of EMA Director: \_\_\_\_\_

(Crawford County EMA will sign each form as the ID Badge is completed and attach a copy of this form to the badge as they are issued)