Chenango County
Office of Emergency Services

Accountability Form

Please complete all information

Organization: _____ Org ID:_____ Rank: _____

NYS ID: _____ EMT#/Expiration Date: _____

Last 4 #s of Social Security Number_____

Last Name: _____ First Name: _____ MI ___

Date of Birth:_____ Gender: _____

Address:_____ Home Phone:_____

Street:_____ Work Phone: _____

City: _____ Cell Phone: _____

State:_____ Email: _____

Zip Code:_____ Emergency Contact Name: _____

Emergency Contact Number: _____

Qualification:

☐**Fire Fighter 1**

(Equivalents: Basic FF [or Firefighting Essentials]; Intermediate FF [or Initial Fire Attack and FF Safety & Survival and Fire Behavior & Arson Awareness] ***AND*** *Hazmat First Responder)*

☐**Fire Fighter 2**

(Equivalents: Firefighter 1 certification ***with*** *Advanced Firefighter, [or Fire Attack II];* ***AND*** *Accident Victim Extrication Training)*

☐**Interior Fire Fighter**

☐**Exterior Fire Fighter**

☐**EMT BLS**

☐**EMT ALS**

☐**Critical Care**

☐**Paramedic**

Other: _____

Photo Number or identifier:_____