

**St. Clair County Haz-MaT Response Team**  
**Springville Division**

200 Walker Drive  
Springville, AL 35146



**Membership Application**

Please complete form and Fax to (205) 467-2706

Name: \_\_\_\_\_  
(Last name) (First Name) (Middle Name)

What Fire Department or Business are you currently employed or volunteer with?

\_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Soc. Sec: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Pager: \_\_\_\_\_

What is the best number to contact you at? \_\_\_\_\_

Drivers License Number: \_\_\_\_\_ Expires: \_\_\_\_\_ Copy Attached:  Yes  No

Level of Hazardous Materials training: \_\_\_\_\_ Operations  
\_\_\_\_\_ Technician  
\_\_\_\_\_ Specialist (List Specialty \_\_\_\_\_)

Date of Hazardous Materials Training: \_\_\_\_\_ Location: \_\_\_\_\_

Have you completed annual refreshers since receiving your Certifications?  Yes  No

I certify that my answers are true and complete to the best of my knowledge.

I agree to abide by the rules and regulations of the St. Clair County Hazardous Materials Response Team and the Springville Fire Department. I agree to attend drills and training on a regular basis. I will care for and secure all equipment and clothing assigned to me and will surrender same upon request of the director. I further attest that, to the best of my knowledge, I have no physical defects or impairments that will hinder my full participation as a firefighter in this Department. In the event I am accepted as a member of this team, I understand that false or misleading information given in this application may result in discharge.

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

\_\_\_\_\_  
Date