

Member Information Form
Knox Regional Response Team/KRRT
(With Parent-Agency Chief Officer Endorsement)

Return to: **Knox County Emergency Management Agency**
62 Union St., Rockland, ME 04841 or by fax to 594-0450

Name: _____

Street Address: _____

City/Town: _____ **Zip Code:** _____

Telephone: Home: _____ **Cell:** _____

E-mail Address: _____

____ I check my e-mail regularly ____ I do not check my e-mail regularly

Driver's License #: _____ **Exp.:** _____

Endorsements: _____

EMS License Level _____ **Exp.:** _____

CPR Card: ____ Yes ____ No **Exp.:** _____

Person to Notify
In Case of Emergency _____

Relationship to You: _____

Telephone: Home: _____ **Cell:** _____

Chief's Endorsement

I, _____, as agency Chief for the _____, certify that I have approved the participation of the this individual as a Member of the Knox Regional Response Team under the direction of the Knox County Local Emergency Planning Committee.