



# Cumberland County Department of Public Safety

1 Public Safety Drive, Carlisle PA 17013-7300  
Phone 717.218.2900 or 1.888.697.0371 x 2900  
Fax: 717.218.2950

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Municipality of Residence: \_\_\_\_\_ DOB: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Email: \_\_\_\_\_

Primary Affiliate Name: \_\_\_\_\_

Chief Name and Phone: \_\_\_\_\_

Level of Certification: \_\_\_\_\_ Certification #: \_\_\_\_\_

Years of Service: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

### **AFFILIATE RECOMMENDATION:**

I certify that \_\_\_\_\_ is representing \_\_\_\_\_

As the organizational Operations Chief, I endorse the applicant's membership and participation for the Cumberland County Mass Casualty Incident Response Team.

\_\_\_\_\_  
Chief's Signature Title Date

### **AFFIRMATION:**

I certify that the facts contained in this application are true and complete to the best of my knowledge. I understand that if I am accepted, falsified statements on the application may be grounds for dismissal. I authorize investigation of all statements contained herein. I understand and agree that, if accepted, my team status may be terminated according to the established requirements.

\_\_\_\_\_  
Applicant's Signature Date

***\*Please provide any additional emergency services and/or emergency management background, education, training and certifications that you have obtained. Copies of certificates will be required if accepted onto the Cumberland County Mass Casualty Incident Response Team.***

**Return completed and signed form to:  
Department of Public Safety  
Attn: Michele Parsons  
1 Public Safety Drive, Carlisle PA 17013-7300**