

# Lancaster County Fire Police Task Force

## I.D. Badge Form

Please type or print clearly:

Name: \_\_\_\_\_  
                    **Last Name**                                    **First Name**                                    **Middle Name/Initial**

Mobile Number # \_\_\_\_\_ Home Phone # \_\_\_\_\_

Company Name \_\_\_\_\_ Station # \_\_\_\_\_

### Medical Information

Blood Type \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone Number: \_\_\_\_\_

### Emergency Notification Information

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_