

Name _____
From Rescue Squad # _____ Date of Application _____
To Rescue Squad # _____ *Requested Date of Transfer _____

Please take the opportunity to update your information if it has changed (if not you may skip this section):

Address _____ Apt. No. _____
City _____ State _____ ZIP _____
H-Phone _____ Cell Phone _____
E-mail _____

Current Role (please select one)

Student Intern EMT AEMT INT PM Admin/Support Member

Are you under disciplinary action, investigation, or suspension within your current Rescue Squad? (please select one)

Yes No

If Yes, Please Explain: _____

Have you informed your current Squad's leadership of your request to transfer to another Squad? (please select one)

Yes No

If No, Please Explain: _____

Have you reached out to the leadership at your requested Squad to discuss this transfer? (please select one)

Yes No

Please provide reason for wanting to transfer to another station below:

By signing, I acknowledge that the information given above is truthful to the best of my knowledge. This signature also agrees to the release of any information currently being held on record by the Department of EMS to the transferring new Squad Commander or their official designee. ***NOTE- If applying for a transfer after the 10th of the month, this transfer request will not take effect the following month, but the month after. If applied for before or on the 10th, it will take effect on the 1st of the following month.** All persons requesting a transfer should submit Oscar availabilities to their current station until their transfer is approved and then submit all future Oscar submissions to their new station

Signature _____,

Acknowledged by Requested Squad Leadership:

Name _____ Position _____ Date _____