

Southeast Wisconsin Incident Management Team

Team Member Application



<p>Southeast Wisconsin Incident Management Team</p> <p>Please complete the application below, attach copies of all certificates and relevant licenses and submit to Gail Goodchild, Secretary/Treasurer, ggoodchild@waukeshacounty.gov</p>		
Name (Last, First, Middle Name)		
Home Address: (Street, City, State, Zip Code)		
Daytime Phone:	Home Phone:	Cell Phone:
Email Address:	Driver's License Number:	
Date of Birth:	Have you been convicted of a crime or arrested for a pending charge? Yes/No	
If yes, please explain:		
Employment <small>(If retired, please indicate and list previous employer(s))</small> D		
Employer:	Dates of Employment:	
Address: (Street, City, State, Zip Code)		Primary Phone:
Supervisor Name/Title:	Applicant Position Title:	
Primary Duties:		
Employer:	Dates of Employment:	
Address: (Street, City, State, Zip Code)		Primary Phone:
Supervisor Name/Title:	Applicant Position Title:	
Primary Duties:		

Education			
------------------	--	--	--

Dates:	School Name:		
Location: (City, State)	Graduate? Yes/No	Degree Received:	
Major:			
Dates:	School Name:		
Location: (City, State)	Graduate? Yes/No	Degree Received:	
Major:			

Certificates and Licenses			
----------------------------------	--	--	--

Please identify which of the required SEW IMT Team Member trainings you have completed and attach copies of your certificates. If you have other, relevant special certifications or licenses, please indicate that in the additional space provided below.

- IS-700 Introduction to NIMS
- ICS-100 Introduction to ICS
- ICS-200 Basic ICS
- ICS-300 Intermediate ICS
- ICS-400 Advanced ICS
- N337 or O-337 Command and General Staff Functions for Local/Tribal IMTs or USFA O-305, Type 3 All-Hazards Incident Management Team
- G-191 ICS/EOC Interface Workshop

Certification:	
License Number:	Issuing Agency:
Certification:	
License Number:	Issuing Agency:

Skills and Experience	
------------------------------	--

ICS Experience:
Administrative Skills:
Other Skills:

References	
Please provide two references; both must be professional.	
Name: (Last, First)	Relationship:
Address: (Street, City, State, Zip Code)	
Email Address:	Primary Phone:
Name: (Last, First)	Relationship:
Address: (Street, City, State, Zip Code)	
Email Address:	Primary Phone:

Applicant Authorization

I am aware and understand that the Southeast Wisconsin Regional IMT (SE-IMT) application process may require a background check to which I consent and give permission. I also understand that if I am a member of the Southeast Wisconsin IMT, I could be deployed for up to 72 hours.

I certify by my signature that all the information contained in this application and all accompanying material is true, and agree that any misstatements of material fact will cause forfeiture on my part of all rights to membership in the Southeast Wisconsin Regional Incident Management Team (SE-IMT).

Name (please print): _____

Signature: _____ Date: _____

Employer/Department Authorization (Not applicable if retired and not affiliated with an agency)

As the applicant's employer/department agency official, I consent to his/her application and would provide access for the applicant to be deployed for up to 72 hours providing our department/agency is not the stricken jurisdiction.

Name (please print): _____

Agency/Department: _____

Title: _____ Phone Number: _____

Signature: _____ Date: _____

Please see text on following page for
Liability Information.

LIABILITY INFORMATION

The SEW IMT is a volunteer team. Applicants to the SEW IMT must have the approval and consent of their home agency administrator before membership will be approved. By signing the application, the prospective member's home agency administrator agrees to accept full responsibility for medical and liability coverage for accident or injury, worker's compensation and other wages and compensation during SEW IMT training, deployments, travel and after-action activities. Members who deploy as part of the SEW IMT will not be paid or reimbursed by the team but may receive whatever compensation is agreed upon from their home agency. If a federal declaration is approved for the incident, reimbursement may off-set some of those costs. Members who are retired and not affiliated by a home agency are covered under separate volunteer insurance.

Members who deploy under the authority of their home agency would not be covered under Wisconsin Statute 323 or 181.0670; however, if a member is part of the SEW IMT as a volunteer (no compensation for SEW IMT service), he/she must register with the local unit of government first, in order to be covered under Wisconsin Statute 323 and 181.0670.

Because the SEW IMT is a volunteer entity, by signing the application, SEW IMT members acknowledge that they or their home agency will assume all risk of loss, damage, injury, including death that may be sustained during team activities.