

## Application for Team Membership

### I. Personal Information

Date of Application (month/day/year): \_\_\_\_\_

**Note:** Attach any additional and supplemental information to this application.

Name: \_\_\_\_\_  
Last First Middle

Work Phone No.: \_\_\_\_\_

Home Phone No.: \_\_\_\_\_ Cell Phone No.: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Fax No. \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_  
*Month/Day/Year*

County of Residence: \_\_\_\_\_

Name of Nearest Relative to Contact in an Emergency: \_\_\_\_\_

Street Address of Nearest Relative: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number of Nearest Relative: \_\_\_\_\_

## Application for Team Membership

### II. Education

List high school, colleges and universities, vocational and technical schools, and other institutions of higher learning attended and year completed or graduated.

<u>Year</u>	<u>Name of Institution</u>	<u>City &amp; State</u>	<u>Degree or Diploma</u>

### III. WMD/Hazardous Materials Training

Check all **OSHA 1910.120 (q)** training courses completed, date completed and attach documentation.

**Note:** Initial training and annual refresher training will be verified.

√	Training Course:	Initial Training		Refresher Training	
		Date:	Documentation:	Date:	Documentation:
	HM Awareness				
	HM Operations				
	HM Technician				
	HM Specialist				
	HM Incident Command				
	WMD Awareness				
	WMD Operations				
	WMD Technician				
	WMD Incident Command				
	IS100				
	IS200				
	ICS300				
	ICS400				
	IS700				
	IS800				

Other Training (please describe): \_\_\_\_\_

\_\_\_\_\_

## Application for Team Membership

---

### **IV. Employment History Including Emergency Response Assignments**

List both paid and volunteer job assignments, beginning with the most recent job.

- *Years Worked (for example, 1998-2001):* \_\_\_\_\_

*Name of Organization (Company/Agency/Dept.):* \_\_\_\_\_

*Organization Street Address, City, & State:* \_\_\_\_\_

*Description of Work:* \_\_\_\_\_

- *Years Worked:* \_\_\_\_\_

*Name of Organization (Company/Agency/Dept.):* \_\_\_\_\_

*Organization Street Address, City, & State:* \_\_\_\_\_

*Description of Work:* \_\_\_\_\_

- *Years Worked:* \_\_\_\_\_

*Name of Organization (Company/Agency/Dept.):* \_\_\_\_\_

*Organization Street Address, City, & State:* \_\_\_\_\_

*Description of Work:* \_\_\_\_\_

- *Years Worked:* \_\_\_\_\_

*Name of Organization (Company/Agency/Dept.):* \_\_\_\_\_

*Organization Street Address, City, & State:* \_\_\_\_\_

*Description of Work:* \_\_\_\_\_

- *Years Worked:* \_\_\_\_\_

*Name of Organization (Company/Agency/Dept.):* \_\_\_\_\_

*Organization Street Address, City, & State:* \_\_\_\_\_

*Description of Work:* \_\_\_\_\_

## Application for Team Membership

### V. Position Assignment

Check the team position desired.

- Technician (Patching, plugging)
- Incident Commander
- Responder Support
- Specialist Responder (Describe area of expertise: \_\_\_\_\_)
- Emergency Medical Support
- Training Support
- Technical Advisor (Describe area of expertise: \_\_\_\_\_)
- Other Assignment (Describe area of expertise: \_\_\_\_\_)

### VI. References

List at least three personal references (Do not list relatives).

	<u>Name</u>	<u>Address (Street, City, State)</u>	<u>Phone Number</u>
1.	_____	_____ _____	_____
2.	_____	_____ _____	_____
3.	_____	_____ _____	_____

By signing this application, you are confirming all of the aforementioned information to be true, accurate, and factual. Green River Area Regional Response WMD Team Management may verify this information with the listed reference people and other sources of information. Authorization is granted to conduct background investigation with law enforcement agencies.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

## Application for Team Membership

FOR INTERNAL USE ONLY:

Date Application Received: \_\_\_\_\_ Signed: \_\_\_\_\_

Date Membership Approved: \_\_\_\_\_ Signed: \_\_\_\_\_

Date Membership Terminated: \_\_\_\_\_ Signed: \_\_\_\_\_

VERIFICATION:

√	Training Course:	Current Training:		Training Provider:		
		Date:	Documented: (Type & Attached)	Date:	Agency: (Name)	Verified By: (Point of Contact)
	HM Awareness					
	HM Operations					
	HM Technician					
	HM Specialist					
	HM Incident Command					
	WMD Awareness					
	WMD Operations					
	WMD Technician					
	WMD Incident Command					
	IS100					
	IS200					
	ICS300					
	ICS400					
	IS700					
	IS800					