

**Lorain County Incident Management Assistance Team
Application**

Name _____

Home address _____

City _____ State _____ Zip _____

Home phone _____ Work phone _____

Pager number _____ Pager type: voice digital alpha

Pager company _____ PIN No. _____

Applicant provides and is responsible for pager/text messaging

<u>ICS Class Name</u>	<u>Session Location</u>	<u>Session Date</u>	<u>Session Hrs</u>

Attach certificates for all classes listed above.

<u>EMS Training Level</u>	<u>Fire fighting Training Level</u>	<u>Hazmat Training Level</u>	<u>Years in Command Level Positions</u>
Paramedic _____	Ohio VF _____	Awareness _____	_____
Intermediate _____	Ohio FF1 _____	Operations _____	_____
EMT-basic _____	Ohio FF 2 _____	Technician _____	_____
EMS years service _____	FF years service _____	Hazmat command _____	_____
		Hazmat years service _____	_____

Sponsoring agency _____ Phone _____

Address _____ City _____ Zip _____

Job title _____ Job responsibilities _____

In what capacities has the applicant functioned? Check all that apply.

- Incident Command
 Operations
 Planning
 Logistics
 Finance/Administration
 Public Info Officer
 Safety
 Liaison
 Division/group/branch

I certify that the information on this application is true and accurate.

Signature of applicant _____ Date _____

Chief/Administrator approval: _____ Date _____