



Forsyth County

Incident Management Team (FC-IMT)

During natural or man-made disasters/emergencies within Forsyth County, NC, many jurisdictions will become overwhelmed in very short order. Many communities in our state have small populations and their first response agencies are composed of mainly volunteers, or with individuals that serve in more than one position (i.e. Fire Chief and Emergency Management Coordinator). The IMTs are a trained, multi-discipline, all-hazards response resource for affected jurisdictions to draw on to assist their staff with command, control and incident management functions. IMT members are trained to fill these roles in both tactical field operations and Emergency Operations Centers.

FC-IMT is self-sustained, not drawing any resources from the requesting for the first 72 hours of an event. This is because in many counties an incident that requires the activation of an IMT would also make it impossible for that jurisdiction to provide any support for that team. Therefore, the IMTs come as a complete package, able to meet all of their personal and work needs, for up to 72 hours.

FC-IMT is seeking motivated, experienced personnel from both the public and private sector to serve in command positions during disasters and unusual events in the county. Following acceptance, trainees are required to complete training as detailed in the FC-IMT Standard Operating Guide, including ongoing exercises and other trainings with the team.

FC-IMT APPLICATION PROCESS

- 1) Complete the attached application form.
- 2) Attach a current resume detailing your overall work experience and education.
- 3) Attach copies of any completed training certificates.
- 4) Attach completed background check form and volunteer liability release form.
- 5) If you are participating as a paid responder from a local agency, attach a letter of support from the head of your organization or governing body which states that you will be placed on an on-call roster and the agency will support you in attending required meetings, training, exercises, drills and disaster deployments.
- 6) Once the application is received, it will be reviewed by the FC-IMT Steering Committee. The committee will review the applications and may conduct interviews to establish compatibility with the IMT program.

Questions about your application can be directed to the FC-IMT team coordinator. You may also visit www.readyforsyth.org for further information on the Forsyth County IMT Program.



FORSYTH COUNTY INCIDENT MANAGEMENT TEAM APPLICATION

APPLICANT BASIC INFORMATION

Applicant Name: _____

Applicant Mailing Address: _____

Primary Phone: _____ Cell Phone: _____

Primary E-mail: _____ Secondary E-mail: _____

Agency/Dept/Company: _____

Employer Mailing Address: _____

APPLICANT AFFILIATION (check one)

Public Sector:

- _____ Public Safety (Fire/Law Enforcement/EMS/Emergency Management)
- _____ Public Works
- _____ Public Health (e.g. County Health Department)
- _____ Other Government Agency (Specify Type: _____)

Private Sector:

- _____ Private Emergency Services (e.g. Private Ambulance Service)
- _____ Private Industry

Volunteer:

_____ Uncompensated volunteer affiliated with a local emergency service or emergency management organization (e.g. CERT, PEART, volunteer fire/rescue)

Specify Group: _____

_____ Non-Governmental Relief Organization (e.g. Red Cross, The Salvation Army)

Specify Agency: _____

_____ Uncompensated volunteer not affiliated with any sponsoring organization (local Citizen).

INDICATE THE COMMAND & GENERAL STAFF POSITION YOU ARE INTERESTED IN APPLYING FOR:

- | | |
|---|---|
| <input type="checkbox"/> Incident Commander | <input type="checkbox"/> Planning Section Chief |
| <input type="checkbox"/> Public Information Officer | <input type="checkbox"/> Resource Unit Leader |
| <input type="checkbox"/> Liaison Officer | <input type="checkbox"/> Documentation Unit Leader |
| <input type="checkbox"/> Safety Officer | <input type="checkbox"/> Logistics Section Chief |
| <input type="checkbox"/> Assistant Safety Officer | <input type="checkbox"/> Support Branch Director |
| <input type="checkbox"/> Operations Section Chief | <input type="checkbox"/> Service Branch Director |
| <input type="checkbox"/> Staging Area Manager | <input type="checkbox"/> Finance & Administration Section Chief |

TRAINING AND EXPERIENCE (Please Attach certificate or TERMS transcript to Application)

Required for Deployment

- IS-100** Introduction to Incident Command System
- IS-200** ICS for Single Resources and Initial Action Incidents
- IS-700** Introduction to the National Incident Management System
- IS-800** Introduction to the National Response Framework
- G-300** Intermediate ICS for Expanding Incidents
- Just-In-Time Web-EOC Training

Highly Recommended for Deployment

- G-400** Advanced Incident Command System
- NC-IMT** North Carolina Local IMT
- G-191** ICS/EOC Interface (Required for Deployment)
- G-775** EOC Management and Operations (Required for Deployment)
- O-305** USFA Type III All Hazards Incident Management Team (Recommended for Deployment)
- NC-TIM** National Traffic Incident Management Responder (Recommended for Deployment)
- Any applicable FEMA/USFA position specific training classes (i.e. IC, OSC, PSC, LSC, PIO, etc.)
- Advanced WebEOC & IAP builder Training

AVAILABILITY

Applicant availability is critical to the success of Incident Management Teams. Submitting this application signifies a commitment to be available for training, exercises and deployments. Deployments are not scheduled and you will be expected to answer calls and deploy to incidents with little notice. While deployed, you likely will not be able to communicate with your family / co-workers / subordinates or perform tasks for your regular employer. Do you foresee any significant barriers to your availability?

No ___ Yes ___ If yes, explain: _____

REFERENCES

Please provide three professional references (other than your immediate supervisor) that we may contact to support your application for this position.

Name	Title	Agency	Phone Number

APPLICANT SIGNATURE, SUPERVISORY APPROVALS & RECOMMENDATIONS

The information contained in this application is true and correct.

Applicant		Date	
-----------	--	------	--

I concur with the goals, commitment, and availability of the applicant for the position applied.

Direct Supervisor		Date	
-------------------	--	------	--

Supervisor comments (if any): _____

Send the complete application packet to the FC-IMT Program Manager via email (oem@readyforsyth.org) or mail to:

Winston Salem/Forsyth County Emergency Management
 Forsyth County Public Safety Center
 301 N Church St
 Winston Salem, NC 27101

- Required attachments:
Copies of prior ICS training certificates and TERMS transcript
Resume
Background Check Form
Volunteer Liability Release Form
Letter from your agency (if applicable)

The FC-IMT Steering Committee recommends this applicant and agrees to support them as a member of the FC-IMT.

FC-IMT Steering Cmt		Date	
---------------------	--	------	--