

Stanislaus County/Stanislaus Operational Area
Emergency Operations Center Management Team
Application

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|---|---|
| Name: | Phone (Work): Phone (Cell): |
| Agency: (circle one) County (Stanislaus) City _____ (City Name) Other _____ (Agency Name) Department: | <input type="checkbox"/> Public/Government <input type="checkbox"/> Private <input type="checkbox"/> Non-Government (NGO) <input type="checkbox"/> Faith-Based <input type="checkbox"/> Other _____ |
| E-mail: | |
| Applicable EOC Experience (activations, exercises, EOC training/planning, etc.): | |
| Applicable Education: (Check all that apply) PLEASE ATTACH COPIES OF CERTIFICATES <input type="checkbox"/> SEMS Introduction <input type="checkbox"/> ICS 100 <input type="checkbox"/> ICS 700 <input type="checkbox"/> ICS/EOC Position-Specific Training: <input type="checkbox"/> ICS 200 <input type="checkbox"/> ICS 300 <input type="checkbox"/> ICS 800 _____ <input type="checkbox"/> ICS 400 <input type="checkbox"/> ICS 402 _____ <input type="checkbox"/> Advanced EOC (G611, G775, etc.) _____ <input type="checkbox"/> Emergency Management Degree: _____ <input type="checkbox"/> Other: _____ | |
| References/Other Info: (Ok to attach resume and/or references) | |
| Applicant Signature: | Date: |

I approve _____'s participation in the EOC Management Team.
(Applicant's Name)

Department Head Signature

Date

OFFICE USE ONLY:

Date Application Received: _____ Date Approved: _____ Incomplete: _____