

**GEORGIA ALL-HAZARDS INCIDENT MANAGEMENT TEAM
APPLICATION FOR NEW MEMBERS
2018**

Thank you for your interest in the Georgia All-Hazards Incident Management Team (GA AHIMT) administered by the Georgia Emergency Management Agency (GEMA).

Please read through the application and discuss with your supervisor(s) and department or agency head prior to submission of your application. During these discussions remember that the training and deployments assists not only those areas needing aid for complex incidents but also increases your level of expertise and enhances the department or agency ability to provide assistance for your jurisdiction.

If you have specific questions about the team, positions, or completing the application you may contact the following program coordinator by phone (*during normal daytime hours please*) or email:

Ronnie Register Ronnie.register@gema.ga.gov 404-635-7222

We will be happy to answer your questions and provide needed explanations. More information can be found at the GEMA website at:

<http://www.gema.ga.gov/PlanPrepare/Pages/PlansMaps.aspx>

We look forward to your inclusion on one of the Georgia Incident Management Teams.

DEADLINE: January 1, 2018

OBJECTIVES:

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To build and maintain teams of highly qualified and motivated specialists who are able to manage complex emergency operations in a professional and cost effective manner.

DATE AND LOCATION OF POSITIONS:

Individuals selected will be assigned to one of the GEMA All-Hazards Incident Management Teams. Assignment will begin approximately **January 1, 2018**

AREA AND LEVEL OF CONSIDERATION:

Employees from agencies, departments, and cooperators in Georgia are encouraged to apply.

Duties: Individuals selected will be expected to perform at a high level of expertise as a member of an incident management team. Interaction between team members is an absolute necessity when performing in an emergency and often critical incident environment. Specific duties vary with positions. Individuals, when assigned as team members, will be expected to maintain availability for assignment when called and perform in a satisfactory manner in assigned positions.

QUALIFICATIONS:

All personnel are required to have completed I-100, I-200, IS 700, IS 800, I-300, I-400. Personnel are required to complete specific position courses.

SELECTION PROCESS:

All applicants must submit a fully completed and signed application.

The GEMHSA IMT Coordinator and the Incident Commanders will meet to review the applications and select the teams. Applicants selected will be notified.

WHERE TO APPLY:

Completed forms should be submitted to:

**Mr. Ronnie Register
GA-AHIMT Coordinator
Georgia Emergency Management and Homeland Security Agency
PO Box 18055
Atlanta, GA 30316**

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POSITIONS AVAILABLE FOR ALL-HAZARDS

- All-Hazard Incident Commander (IC)
- All-Hazard Operations Section Chief (OSC)
- All-Hazard Planning Section Chief (PSC)
- All-Hazard Logistics Section Chief (LSC)
- All-Hazard Finance/Administration Section Chief (FASC)
- All-Hazard Safety Officer (SOFR)
- All-Hazard Liaison Officer (LOFR)
- All-Hazard Public Information Officer (PIO)
- All-Hazard Situation Unit Leader (SITL)
- All-Hazard Resource Unit Leader (RESL)
- All-Hazard Supply Unit Leader with Ordering Manager (SUPL)
- All-Hazard Finance/Administration Unit Leaders (FAUL)
- All-Hazard Facility Unit Leader (FUL)
- All-Hazard Division/Group Supervisor (DGPS)
- All-Hazard Communication Unit Leader (COML)

Training Log

Name: _____

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IQS DATA CARD

Print All Information Clearly

*Last Name:				Suffix:	First Name:		Middle:	(Tag)	
AS IT APPEARS ON YOUR DRIVER'S LICENSE								What you are commonly Called	
IQS ID: 99 -13 – Driver Lic #			Job Title: IMT position			Sex : M <input type="checkbox"/> F <input type="checkbox"/>			
Check One: GFC <input type="checkbox"/>			Work Address:						
Cooperator x									
Org. Number:			City		State		Zip		
Dept/Agency Name:							Station:		
Work Phone:			E-Mail:			Fax Number:			
Work Phone 2:			Cell Phone:			Pager:			
Home Address:					Home Phone:				
City:					State:			ZIP:	
Height:			Allergies:						
Weight:			Medications:						
Clothing Size: Shirt:				Pants:		Boots:			
Emergency Contact Information:									
Person to be contacted in the event of emergency (name-relation-phone number)									
Jet Port Choice 1: AGS ATL CHA JAX SAV					Available for Dispatch: YES <input type="checkbox"/> No <input type="checkbox"/>				
Choice 2: AGS ATL CHA JAX SAV									
ADDITIONAL COMMENTS:									

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(THIS PAGE MUST CONTAIN WRITTEN SIGNATURES FOR SUBMISSION)

Employer/Employee Memorandum of Understanding

GEMA Type III AHIMT

Dear Chief of Department or CEO of Sponsoring employer:

An employee or volunteer in your organization has expressed an interest in participating in the GEMA Type III AHIMT Program. In the event of a Federal, State or Regional emergency, the applicant may be activated for an incident management response, which may be of long duration.

As an IMT member they remain employed by their sponsoring jurisdiction or private employer for salary and workers compensation benefits during activations.

It will be the responsibility of each participating employee to clarify with their employer/agency how or if, they will be compensated for their time or reimbursed for expenses during training or response.

For the purposes of workman compensation coverage and long term disability coverage, employees who are engaged in responses or training in connection with the regional planning committee program are considered performing within the scope of their employment with their sponsoring jurisdiction, and, as such, subject to coverage's required under Georgia State Law and/or local jurisdiction workman compensation rules.

If the IMT member is retired and/or has no employer, they are indicating by signing that they have personal insurance that covers them in the case of injury and/or long term disability.

Date: _____

Name of sponsoring municipality: _____

Name of Sponsoring Corporation (if applicable): _____

Print Name of Employee/IMT Member/Applicant: _____

Signature of Employee/IMT Member: _____

Municipal Chief Administrator's Name: _____

Municipal Chief Administrator's Signature: _____

Name of Corporate Officer or Owner (if applicable): _____

Signature of Corporate Officer or Owner (if applicable): _____

Note: This memorandum will expire on: **December 31, 2018** and require re-execution by all parties.