

GA AHIMT 2018 Application
Returning Team Members
(PRINT APPLICATION, COMPLETE LEGIBLY, SUBMIT ORIGINAL)

Name: _____ Team Preference (circle one): **RED** **BLUE**

Team Position: _____ Circle one: **Qualified** **Trainee**

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.

WHERE TO SUBMIT FORMS:

Completed forms should be submitted to: **Mr. Ronnie Register**
GA-AHIMT Coordinator
Georgia Emergency Management Agency
PO Box 18055 Atlanta, GA 30316

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IQS DATA CARD			
<i>Print All Information Clearly</i>			
*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: <u>current</u> IMT position	Sex : M <input type="checkbox"/> F <input type="checkbox"/>	
Check One: GFC <input type="checkbox"/> Cooperator <input checked="" type="checkbox"/>	Work Address:		
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:			

