



**Illinois Emergency Services Management Association
Emergency Management Assistance Team**



Membership Application

The following information is required in order to help IESMA-EMAT make the best possible selection of candidates for our EMAT Team. All portions of this application must be completed. We appreciate the time you spend in filling in the application form. IESMA-EMAT does not discriminate on the basis of age, race, religion, color, sex, national origin, marital status or disability.

Personal Information

Name: _____

Home Address: _____

City: _____ Zip: _____

Home Phone: _____ Cellular: _____

Pager: _____ Other: _____

E-mail: _____

Organizational Information

Rank/Title: _____

Organization: _____

Office Address: _____

City: _____ Zip: _____

Organization Status: Certified Accredited County: _____

Additional Information

YES NO

Are you able to deploy for up to sixteen (16) days if needed?

Does your jurisdiction have an approved IEMMAS Agreement in place?

Are you a current member of IESMA?

Have you ever been convicted of a felony crime or crime of moral turpitude?

Are you proficient with computers, word, excel and other software programs?

Do you have a valid Illinois Driver's License?

(Please submit a copy of your valid DL with your application)

Do you have a valid Amateur Radio License?

(Please submit a copy of your valid license with your application)



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Education

High School/General Education Degree

Date Completed: _____

College/University (Please list your college/university experience including areas of study, years attended, and degrees or certifications received):

Emergency Management Experience

Please detail your experience in emergency management and why you believe you would make a good addition to the IESMA-EMAT:



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Special Skills

Please detail any special skills that you possess that you feel would be of benefit to the IESMA-EMAT:

Training Requirements

NOTICE: In order to be considered for IESMA-EMAT membership, you must provide a copy of each certification required with your application. You must meet the Tier IV training requirements at a minimum to be considered for membership. Membership to the IESMA-EMAT is classified into four Tiers of required training as follows:

Tier IV – Entry Level Position – Minimum Required Training

Hazardous Materials Awareness	Date Completed: _____
Blood Borne Pathogen Awareness	Date Completed: _____
IS-1 - Intro to Emergency Management	Date Completed: _____
IS-775 - EOC Management & Operation	Date Completed: _____
IS-700a – NIMS: An Introduction	Date Completed: _____
IS-800b - National Response Framework	Date Completed: _____
ICS-100 - Intro to Incident Command System	Date Completed: _____
ICS-200 - ICS for Single Resources	Date Completed: _____
IS-701a - Multi-Agency Coordination Systems	Date Completed: _____
IS-702a - Public Information Systems	Date Completed: _____
IS-703a - Resource Management	Date Completed: _____
IS-704a - Communication & Info Management	Date Completed: _____

Tier III – Minimum Required Training

Emergency Planning	Date Completed: _____
Homeland Security Ex and Eval Program	Date Completed: _____
Principles of Emergency Management	Date Completed: _____
IS 393 a - Intro to Hazard Mitigation	Date Completed: _____



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Tier II – Minimum Required Training

Illinois Professional Development Series

Date Completed: _____

ICS-300

Date Completed: _____

ICS-400

Date Completed: _____

Minimum 3 years experience in EM

Date Range: _____

Tier I – Minimum Required Training

Illinois Professional Emergency Manager

Date Completed: _____

Minimum 5 years experience in EM

Date Range: _____

EMAC Deployable – Minimum Required Training

EMAC Field Course

Date Completed: _____

Position Specific Trainings (One Required for EMAC Deployable Status)

Please list any and all position specific training certifications you have received:

Course: _____

Date Completed: _____

Course: _____

Date Completed: _____

Course: _____

Date Completed: _____

EMAC - FEMA Independent Study Courses:

ESF # 1 – Transportation

Date Completed: _____

ESF # 2 – Communication

Date Completed: _____

ESF # 3 – Public Works & Engineering

Date Completed: _____

ESF # 4 – Firefighting

Date Completed: _____

ESF # 5 – Emergency Management

Date Completed: _____

ESF # 6 – Mass Care

Date Completed: _____

ESF # 7 – Logistics Management

Date Completed: _____

ESF # 8 – Public Health & Medical Services

Date Completed: _____

ESF # 9 – Search & Rescue

Date Completed: _____

ESF #10 – Oil & Hazmat Response

Date Completed: _____



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EMAC - FEMA Independent Study Courses (Continued):

ESF #11 – Agriculture & Natural Resources	Date Completed: _____
ESF #12 – Energy	Date Completed: _____
ESF #13 – Public Safety & Security	Date Completed: _____
ESF #14 – Long Term Recovery	Date Completed: _____

Professional References

Please list the required amount of professional references.

Name: _____

Home Address: _____

City: _____ Zip: _____

Home Phone: _____ Cellular: _____

Pager: _____ Other: _____

E-mail: _____

Name: _____

Home Address: _____

City: _____ Zip: _____

Home Phone: _____ Cellular: _____

Pager: _____ Other: _____

E-mail: _____



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Required Signature Authorizations

It is understood that the IESMA Mobile Support Team process will require a background check. It should be noted that IESMA Mobile Support Team deployment can be in any location within the State of Illinois or the United States. This activation can only be authorized through the State Emergency Operations Center and Compacts the State of Illinois is signature thereof.

① Applicant Signature

IESMA RESERVES THE RIGHT TO CONFER WITH PERSONS LISTED BY YOU AS A REFERENCE, OR WITH ANY OTHER INDIVIDUALS, WITH KNOWLEDGE CONCERNING YOUR TOTAL QUALIFICATIONS FOR THE POSITION. IESMA WILL NOT INQUIRE INTO YOUR FINANCIAL STATUS, RELIGIOUS AFFILIATION, MARITAL STATUS, OR ON OTHER MATTERS UNRELATED TO YOUR QUALIFICATIONS TO FILL THE POSITION FOR WHICH YOU APPLIED. INFORMATION RECEIVED FROM SUCH INQUIRIES WILL BE USED SOLELY FOR DETERMINING YOUR AFFILIATION WITH IESMA AND FOR NO OTHER PURPOSE. THIS INFORMATION WILL NOT BE SHARED WITH ANYONE OTHER THAN THOSE IESMA REPRESENTATIVES INVOLVED IN THE SELECTION PROCESS. UNLESS YOU ARE WILLING TO AUTHORIZE IESMA TO MAKE SUCH INQUIRIES, YOUR APPLICATION WILL NOT BE CONSIDERED. I HEREBY CONSENT TO HAVING IESMA CONTACT ANYONE THAT IT DEEMS APPROPRIATE TO INVESTIGATE OR VERIFY ANY INFORMATION I HAVE GIVEN, OR TO DISCUSS MY BACKGROUND, PAST PERFORMANCE, OR SUITABILITY FOR AFFILIATION. I FURTHER CONSENT TO BEING DISCUSSED BY ANY PERSON SO CONTACTED AND I WAIVE ALL RIGHTS TO BRING ANY ACTION FOR DEFAMATION, INVASION OF PRIVACY, OR ANY SIMILAR CAUSE AGAINST ANYONE CONTACTED AS A RESULT OF WHAT HE OR SHE MAY SAY ABOUT ME.

Name (please print): _____

Signature: _____ Date: _____

② Employer/ Agency Administrator/ Department Authorization

Name (please print): _____

Signature: _____ Date: _____

Contact Number: _____

E-Mail: _____

③ Chief Elected Official/ Authorization

Name (please print): _____

Signature: _____ Date: _____

Contact Number: _____

E-Mail: _____



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④ Sponsoring IESMA Regional Authorization

Team Leader Name (please print): _____

Signature: _____ Date: _____

Red (North 1,2,3,4,5)

White (Central 6,7)

Blue (South 8,9,11)

*** For Official IESMA-EMAT Use Only ***

Application approved by Regional Team Leaders on _____.

Reference and background performed by _____ on
_____, 20_____.

Application presented to the EMAT Committee on _____.

Action Taken: _____