



Oregon Office of State Fire Marshal

4760 Portland Road NE
Salem, OR 97305

Phone (503) 378-FIRE

Fax (503) 373-1825

www.oregon.gov/OSP/sfm

APPLICATION FOR INCIDENT MANAGEMENT TEAMS

COMMUNICATIONS UNIT LEADER OR ASSISTANT

Trainee Pool (Must be fully qualified) Team Position

Team Preference Red Blue Green

Name _____

Job Title _____

Call Sign _____

Department/Agency _____

Mailing Address (Dept/Home) _____

Personal Cell _____

Work Phone Number _____

Work Cell _____

Work E-mail _____

Personal E-mail _____

Home Phone _____

Preferred Number for Deployment _____

Shirt Size S M L XL XXL XXXL

Trainee Qualification Requirements:	Yes	No
ICS-100, 200, 300, 400, 700, 800	<input type="checkbox"/>	<input type="checkbox"/>
Current OSFM COMT	<input type="checkbox"/>	<input type="checkbox"/>

Alt/Team Qualification Requirements:	Yes	No
General-level Amateur Radio License	<input type="checkbox"/>	<input type="checkbox"/>
E969: All-Hazards Communications Unit Leader (or S-358)	<input type="checkbox"/>	<input type="checkbox"/>
NWCG Communications Unit Leader Task Book	<input type="checkbox"/>	<input type="checkbox"/>

Please include all certifications indicated above. Incomplete applications will be rejected.

REQUIRED

Do you have an employer/sponsor allowing you to commit to participate in the OSFM IMT for the next three years?

YES - Initial of Dept Head _____

Will the agency provide a staff vehicle for deployment?

YES - Initial of Dept Head _____

Has the governing body, (city council; city manager; fire chief; board of directors), agreed to allow you to participate in all phases of this project including training, equipping as per the Mobilization Plan, and responding?

YES - Initial of Dept Head _____

OPTIONAL - shadowing with ODF

If you wish to participate as a shadow in this position with the Oregon Department of Forestry please read and initial.

As per the Interagency Agreement (IAG)* between OSFM and ODF, when you participate in training and/or shadowing with ODF, your employer/sponsor is responsible with respect to you, as their employee, for providing for employment-related benefits and deductions that are required by law, including but not limited to federal and state income tax deductions, workers' compensation coverage, and PERS contributions. Your employer and OSFM each shall be responsible, to the other, to the extent permitted by the Oregon Constitution, subject to the limitations of the Tort Claims Act (ORS 30.260-30.300), only for the acts, omissions, or negligence of its own officers, employees or agents.

YES - Initial of Dept Head _____

**A full description of the IAG can be provided upon request.*

Signature of employer _____ Title _____ Date _____

Signature of applicant _____ Title _____ Date _____

Thank you for your interest. The Incident Commanders, Deputy ICs, and relevant command and general staff of the OSFM Incident Management Teams will review all nominations and make selections. OSFM will notify you of your application's status.

IMT position vacancies are offered first to fully qualified individuals. If there are no fully qualified individuals and the IC sees fit, a trainee may fill a team position. Alternate positions are filled by fully qualified individuals only.

Please submit the original signed application to be considered. Fax or email can be accepted as long as the signed original follows in the mail. Keep a copy for your records and submit the application with copies of all applicable training certificates, Task Book initiation and certification pages. You must submit the appropriate certificates for all training indicated on the application. A DPSST printout may be substituted for certificates. Incomplete applications will be rejected.