Oregon Office of State Fire Marshal

3565 Trelstad Ave SE
Salem, OR 97317
(503) 378-FIRE
www.oregon.gov/OSP/sfm

APPLICATION FOR INCIDENT MANAGEMENT TEAMS

PUBLIC INFORMATION OFFICER

☐ Trainee ☐ Alternate (Must be fully qualified) ☐ Team Position

Name	
Job Title	
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	☐	☐
S-203: Introduction to Incident Information	☐	☐
Basic Firefighter (L-180, S-130, S-190)	☐	☐

Alt/Team Qualification Requirements:	Yes	No
NWCG Public Information Officer (PIOF) Task Book	☐	☐

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

Please include a letter of interest to include conflagration response or incident management experience, and two professional references who may be contacted by OSFM or the Incident Commanders during the selection process.

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 in the OSFM Incident Management Teams. OSFM and our partners will review all applications and make selections. OSFM will notify you of your application's status. Final selections are not made until late January.

Please submit your signed application to Valerie.abrahamson@osp.oregon.gov to be considered. Keep a copy for your records and submit the application with copies of any applicable documents.