



2020 Cadre and Trainee Application and Nomination Form

All individuals applying for positions on the Northwest Colorado Type 3 Incident Management Team or trainee positions should submit this nomination form **and a copy of their current fire qualifications (Red Card) or Colorado Type 3 certificate** by **January 31, 2020**.

Current NWCOIMT members are required to submit this form to ensure correct personal information and to secure permission from your home agency.

For any positions not listed on your Red Card, please attach a copy of the completed Task Book final evaluator and agency signature page and your highest ICS Course such as I-300.

The applicant's supervisor / Chief must approve all nominations. Some Units may require a second level of approval (i.e. Fire Chief; Forest / Park FMO or State).

Submit completed form to: Leesa Sherman-Hochmuth, Management Assistant
 by **email** LSherman-Hochmuth@vailgov.com, **mail** Vail Police Department, 75 S. Frontage Rd., Vail, CO 81657,
 or **fax** (970) 479-2216. Please email or call Leesa at (970) 479-2249 if you have questions.

Name:	D.O.B:
Home Unit/ Department:	SSN:
Job Title:	Medications:
	Allergies:
Email Address:	Height:
Mailing Address:	Weight:
	Shirt Size:
Office Phone:	Gender: <input type="checkbox"/> M <input type="checkbox"/> F
Home Phone:	
Cell Phone:	Emergency Contact Name:
Cell Phone Carrier:	Emergency Contact Phone #:

Qualifications:

Please list the ICS position(s) for which you are qualified (have a completed taskbook). Be sure to note the exact month, day and year of effective and expiration dates. Also note if it is a NWCG or FEMA / Colorado All Hazards Taskbook.

1	Dates
2	Dates

Trainee Positions: If you have an open taskbook as a trainee please indicate what percentage of the tasks are completed.

1	Dates	% complete
2	Dates	% complete

Function or Section preference (check one or two):

<input type="checkbox"/> Planning	<input type="checkbox"/> Information
<input type="checkbox"/> Operations	<input type="checkbox"/> Safety
<input type="checkbox"/> Logistics	<input type="checkbox"/> Liaison
<input type="checkbox"/> Finance	<input type="checkbox"/> Other (please specify):

NWCG Fitness Level (check one - required field): <input type="checkbox"/> Arduous <input type="checkbox"/> Moderate <input type="checkbox"/> Light <input type="checkbox"/> None		
Date of test:	Who administered the test:	Location:

Training Needs Assessment:

Please note the below listed courses you have attended and the date. If you attended a wildland (NWCG) equivalent course please note it in the All-Hazards course area. The course number may be an L, E or P listing; AH stands for All-Hazard. If you would like to attend in 2020 please indicate at right.

	<u>Attended? Y/N</u>	<u>Date / Place?</u>	<u>Want to attend in 2020?</u>
L-950 AH Incident Commander			
L-958 AH Operations Section Chief			
L-962 AH Planning Section Chief			
L-967 AH Logistics Section Chief			
L-973 AH Finance/Adm Section Chief			
L-956 AH Liaison Officer Course			

L-952 AH Public Information Officer	
L-954 AH Safety Officer Course	
L-965 AH Resource Unit Leader	
L-964 AH Situation Unit Leader	
L-969 AH Communications Unit Leader	
L-970 AH Supply Unit Leader	
L-971 AH Facilities Unit Leader	
L-975 AH Finance/Adm Unit Leader	
L-960 AH Division/Group Supervisor	
L-381 Incident Leadership – 5 days	
L-380 Incident Leadership – 4 days	
S-420 Command & General Staff-5 days	
I-100 Introduction to ICS (online)	
I-200 Basic ICS (online)	
I-300 Intermediate ICS	
I-400 Advanced ICS	
IS-700a NIMS an Introduction (online)	
IS-800b NRF an Introduction (online)	
G191 EOC/IMT Interface	
Others (please specify):	

I am currently listed in ROSS: Yes No If yes, what dispatch center? _____

Consideration for special assignment opportunities:

Yes, I am willing to be considered for National call-outs assignments (EMAC) on a case by case basis. (Usually 14-day assignments plus travel time.)

Salary Rate / Hour _____	Overtime Rate / Hour _____
Benefits Rate / Hour / Day _____	

No, I am not able to participate outside of the Northwest Region.

Training and Experience: *To the best of my knowledge all identified qualifications and experience records are accurate.*

_____	Date: _____
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IMT Applicant Signature

The applicant must provide the **permission of their supervisor / Chief** who has the authority to allow them to be away from their daily assignment for extended times. The applicant will be expected to attend assignments and team training to develop their skills as members of this regional AHIMT.

I concur with the goals, commitment, and availability of the applicant for disaster/emergency assignments as a member of the Northwest Colorado Type 3 All Hazards Incident Management Team. The applicant has permission to leave their work assignment to participate. I also certify that the participant's basic insurance requirements (including but not limited to workers compensation and liability) are covered by their home agency.

_____	Date: _____
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Supervisor / Chief Signature

Title and Printed Name

**** Special note about mutual aid and reimbursable incidents:**

Most of the incidents that the Northwest Type 3 IMT responds to are considered mutual aid and will follow protocols established in the local Annual Operating Plans, or other mutual aid agreements. However, some incidents may be eligible for reimbursement depending on ownership and/or a disaster declaration. In these cases payment procedures will be established at the time of the incident.