

Southwest Wisconsin Incident Management Team (SWIMT)

Application for Membership



Southwest Wisconsin Incident Management Team

Please complete the application below, attach copies of all certificates and relevant licenses and submit to Darlene Pintarro, pintarro.darlene@danecounty.gov or mail to

Dane County Emergency Management

Attn: SWIMT Executive Leadership

2982 Kapec Rd

Fitchburg, WI 53719

Background Information

Name: (Last, First, Middle)

Home Address: (Street, City, State, Zip Code)

Cell Phone:

Home Phone:

Email Address:

Driver's License Number/Issuing State:

Employment

Employer:

Department:

Current Position:

Phone:

Address: (Street, City, State, Zip Code)

Experience

Please describe your Incident Command System Experience: (Attach additional sheet, if needed)

NIMS and ICS Training (Indicate all completed courses and ATTACH COPIES of training certificates)

- | | | | |
|------------------------------------|--|------------------------------------|--|
| <input type="checkbox"/> IS - 700 | Introduction to NIMS | <input type="checkbox"/> IS – 703 | Resource Management |
| <input type="checkbox"/> ICS – 100 | Introduction to ICS | <input type="checkbox"/> IS – 2200 | EOC Management and Operations |
| <input type="checkbox"/> ICS – 200 | Basic ICS | <input type="checkbox"/> G – 191 | ICS/EOC Interface Workshop |
| <input type="checkbox"/> ICS – 300 | Intermediate ICS | <input type="checkbox"/> L105 | Public Information Basics (G – 290 accepted) |
| <input type="checkbox"/> ICS – 400 | Advanced ICS | <input type="checkbox"/> IS – 559 | Local Damage Assessment |
| <input type="checkbox"/> O – 305* | Command and General Staff Functions for Local/Tribal IMTs (N – 337 accepted) *if not completed at time of application, must be completed within one year of appointment to team | | |

Areas of Interest

Place and "X" in the following position(s) that you have an interest (mark all that apply)

Place a "PX" in the **two** positions of primary interest (only mark two)

Please contact the Southwest IMT Executive Leadership representative at (608)266-9051 if you would like a detailed description of position responsibilities. Please note that some positions may require additional training.

| | |
|--------------------------|-------------------|
| <input type="checkbox"/> | Team Leader |
| <input type="checkbox"/> | Team Information |
| <input type="checkbox"/> | Team Safety |
| <input type="checkbox"/> | Team Liaison |
| <input type="checkbox"/> | Team Intelligence |

| | |
|--------------------------|-----------------|
| <input type="checkbox"/> | Team Operations |
| <input type="checkbox"/> | Team Staging |
| <input type="checkbox"/> | Team Planning |
| <input type="checkbox"/> | Team Logistics |
| <input type="checkbox"/> | Team Finance |

| | |
|--------------------------|--------------------|
| <input type="checkbox"/> | Team Situation |
| <input type="checkbox"/> | Team Resource |
| <input type="checkbox"/> | Team Documentation |
| <input type="checkbox"/> | Team Support |
| <input type="checkbox"/> | Team Service |

Applicant Authorization: I certify by my signature that all information contained in this application and all accompanying material is true. I agree that any misstatements of material fact will cause forfeiture on my part of all rights to membership in the Southwest Wisconsin Incident Management Team (SWIMT).

Applicant Name (please print): _____

Applicant Signature: _____ **Date:** _____

Employer Authorization: As the applicant's agency/employer official, I consent to his/her application to the SWIMT Team. I support and agree to allow deployment of the applicant for up to 72 hours providing our agency/department is not impacted by an event within our jurisdiction.

Employer/Agency/Department: _____

Name (please print): _____ **Title:** _____

Phone Number: _____ **Email:** _____

Employer Signature: _____ **Date:** _____

All applications will be processed, administered, and membership appointments will be done in accordance with all federal, state and local affirmative action laws.