
Washington IMT COVID 19 Module Application

HEALTH LIASION

Name (Last, First):

Job Title:

Agency/Department:

Mailing Address:

Work Phone #:

Work Cell #:

Personal Cell #:

Preferred phone for dispatch:

Email address:

Training/Qualifications	Yes	No
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Basic ICS- 100, 200, 700, 800

Intermediate ICS – 300

Advanced ICS – 400

ICS Experience at command

level Briefly describe experience:

Yes No

Familiar with COVID-19/infectious disease protocols:

Familiar with Northwest IMT Best Management Practices:

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

REQUIRED

Do you have an employer/sponsor allowing you to commit to participate in this position for the 2020 season who is aware of the potential exposure risks associated with such a position?

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 _____

Signature of employer _____

Title _____

Date _____

Signature of applicant _____

Title _____

Date _____

Thank you for your interest. The Fire Defense Committee and our partners will review all applications and make selections. The State Fire Marshal's Office will notify you of your application's status.

Please submit the signed application via email to william.slosson@wsp.wa.gov. Keep a copy for your records and submit the application with copies of any applicable documents.