Lowcountry TYPE 3
All Hazards
Incident Management Team
South Carolina

LOW COUNTRY INCIDENT MANAGEMENT TEAM APPLICATION

Date: _____

Name: _____

Address: _____

Work Phone: _____ Home Phone _____

Cell Phone: _____ E-MAIL: _____

Employer: _____

Job Title: _____

Department or Agency Supervisor: _____

Prerequisites (Check all completed courses) Please, attach course completion certificates and/or FEMA transcript to this application.

NIMS 100 ____ NIMS 200 _____ NIMS 300 ____ NIMS 400 _____

NIMS 700 ____ NIMS 800 _____ OTHER ____

Please List three positions that you wish to be consider for:

1. _____

2. _____

3. _____

Low Country IMT
C/O Summerville Fire & Rescue
300 West Second North Street
Summerville SC 29483

Phone (843) 873-5107
Fax (843) 821-8794
RBryant@SummervilleSC.gov

Use this section to list in detail any/all experience you have working in an Incident Management Environment:

_____

_____

_____

_____

_____

The undersigned hereby agrees to the following:

My Employing agency will;

a. Allow me the opportunity to participate on an Incident Management Team and will provide personnel when possible to cover my ordinary shift when I am participating in Incident Management Team activities.

b. Will provide salary, insurance and other fringe benefits for the duration of the Incident Management Assignment.

c. Will provide transportation as necessary to and from the assignment within the State of South Carolina.

Signature of Department or Agency Supervisor: _____

Signature of Applicant: _____

Note- All requirements and guideline for this program are subject to change due to continuing development. Revised 5/27/2015

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