



**Illinois Emergency Services Management Association  
Emergency Management Assistance Team**



**Membership Application**

The following information is required in order to help IESMA-EMAT make the best possible selection of candidates for our EMAT Team. All portions of this application must be completed. We appreciate the time you spend in filling in the application form. IESMA-EMAT does not discriminate on the basis of age, race, religion, color, sex, national origin, marital status or disability.

**Personal Information**

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cellular: \_\_\_\_\_

Pager: \_\_\_\_\_ Other: \_\_\_\_\_

E-mail: \_\_\_\_\_

**Organizational Information**

Rank/Title: \_\_\_\_\_

Organization: \_\_\_\_\_

Office Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Organization Status:      Certified                  Accredited      County: \_\_\_\_\_

**Additional Information / Requirements**

**YES                  NO**

\* Are you able to deploy for up to seven (7) days if needed?

Does your jurisdiction have an approved IEMMAS Agreement in place?

Are you a current member of IESMA?

Have you ever been convicted of a felony crime or crime of moral turpitude?

Are you proficient with computers, word, excel and other software programs?

Do you have a valid Illinois Driver's License?

*(Please submit a copy of your valid DL with your application)*

Do you have a valid Amateur Radio License?

*(Please submit a copy of your valid license with your application)*



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**Education**

High School/General Education Degree

Date Completed: \_\_\_\_\_

College/University (Please list your college/university experience including areas of study, years attended, and degrees or certifications received):

**Emergency Management Experience**

Please detail your experience in emergency management and why you believe you would make a good addition to the IESMA-EMAT:



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**Special Skills**

Please detail any special skills that you possess that you feel would be of benefit to the IESMA-EMAT:

**Training Requirements**

NOTICE: In order to be considered for IESMA-EMAT membership, you must provide a copy of your EMI and IEMA transcripts which reflect your training, with your application. See IESMA-EMAT Policy GEN-01-04 for specifics. \* = minimum requirement. \*\* = Team Lead requirement

- |  |                       |
|--|-----------------------|
| * IS -1 - Intro to Emergency Management    | Date Completed: _____ |
| * IS - 775 - EOC Management & Operation    | Date Completed: _____ |
| * IS - 700a – NIMS: An Introduction        | Date Completed: _____ |
| * Illinois Professional Development Series | Date Completed: _____ |
| FEMA Professional Development Series       | Date Completed: _____ |
| FEMA Advanced Development Series           | Date Completed: _____ |
| Illinois Professional Emergency Manager    | Date Completed: _____ |
| Associate Emergency Manager (IAEM)         | Date Completed: _____ |
| Certified Emergency Manager (IAEM)         | Date Completed: _____ |
| Master Exercise Practitioner               | Date Completed: _____ |

**EMAC Deployable – Minimum Required Training**

EMAC Field Course Date Completed: \_\_\_\_\_

**Position Specific Trainings (One Required for EMAC Deployable Status)**

Please list any and all position specific training certifications you have received:

- |               |                       |
|---------------|-----------------------|
| Course: _____ | Date Completed: _____ |
| Course: _____ | Date Completed: _____ |
| Course: _____ | Date Completed: _____ |



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**Professional References**

Please list the required amount of professional references.

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cellular: \_\_\_\_\_

Pager: \_\_\_\_\_ Other: \_\_\_\_\_

E-mail: \_\_\_\_\_

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cellular: \_\_\_\_\_

Pager: \_\_\_\_\_ Other: \_\_\_\_\_

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**Required Signature Authorizations**

It is understood that the IESMA Mobile Support Team process will require a background check. It should be noted that IESMA Mobile Support Team deployment can be in any location within the State of Illinois or the United States. This activation can only be authorized through the State Emergency Operations Center and Compacts the State of Illinois is signature thereof.

**Applicant Signature**

IESMA RESERVES THE RIGHT TO CONFER WITH PERSONS LISTED BY YOU AS A REFERENCE, OR WITH ANY OTHER INDIVIDUALS, WITH KNOWLEDGE CONCERNING YOUR TOTAL QUALIFICATIONS FOR THE POSITION. IESMA WILL NOT INQUIRE INTO YOUR FINANCIAL STATUS, RELIGIOUS AFFILIATION, MARITAL STATUS, OR ON OTHER MATTERS UNRELATED TO YOUR QUALIFICATIONS TO FILL THE POSITION FOR WHICH YOU APPLIED. INFORMATION RECEIVED FROM SUCH INQUIRIES WILL BE USED SOLELY FOR DETERMINING YOUR AFFILIATION WITH IESMA AND FOR NO OTHER PURPOSE. THIS INFORMATION WILL NOT BE SHARED WITH ANYONE OTHER THAN THOSE IESMA REPRESENTATIVES INVOLVED IN THE SELECTION PROCESS. UNLESS YOU ARE WILLING TO AUTHORIZE IESMA TO MAKE SUCH INQUIRIES, YOUR APPLICATION WILL NOT BE CONSIDERED. I HEREBY CONSENT TO HAVING IESMA CONTACT ANYONE THAT IT DEEMS APPROPRIATE TO INVESTIGATE OR VERIFY ANY INFORMATION I HAVE GIVEN, OR TO DISCUSS MY BACKGROUND, PAST PERFORMANCE, OR SUITABILITY FOR AFFILIATION.

Name (please print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Employer/ Agency Administrator/ Department Authorization**

Name (please print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Contact Number: \_\_\_\_\_

E-Mail: \_\_\_\_\_

**Chief Elected Official/ Authorization**

Name (please print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Contact Number: \_\_\_\_\_

E-Mail: \_\_\_\_\_



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Upon completion of this application, please send it to the EMAT Coordinator.

**\*\*\* For Official IESMA-EMAT Use Only \*\*\***

**EMAT Coordinator Review**

EMAT Coordinator Name (please print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

D Red (North 1,2,3,4,5)      D White (Central 6,7)      D Blue (South 8,9,11)

Reference and background performed by \_\_\_\_\_ on  
\_\_\_\_\_, 20\_\_\_\_\_.

Application presented to the EMAT Committee on \_\_\_\_\_.

Action Taken: \_\_\_\_\_

Application approved by IESMA Executive Board on \_\_\_\_\_.