



NJ All-Hazard Incident Management Team

Member Application Package

NJ-AHIMT MEMBER APPLICATION INSTRUCTIONS

1. SUBMIT REQUIRED DOCUMENTS

All documents shall be submitted to nj-ahimt@gw.njsp.org.

A. Memorandum of Agreement

Each member of the New Jersey All Hazards Incident Management Team (NJ-AHIMT) is required to be an employee or active volunteer of a Participating Agency of the NJ-AHIMT. A Participating Agency is any State, county, municipal or tribal agency, nongovernmental organization (NGO), or private sector organization that has executed a Memorandum of Agreement with the New Jersey Office of Emergency Management (NJOEM) to provide personnel, equipment, and/or vehicles to the NJ-AHIMT. If NJOEM does not have a memorandum of agreement on file for the applicant's agency, then the applicant must obtain a copy of the agreement from NJOEM and have it executed by their agency before their application will be considered.

B. NJ-AHIMT Application

Each Applicant is required to submit a completed NJ-AHIMT Application. This application provides information about the applicant, their training, and experience. It is used to make sure they meet the minimum requirements for the NJ-AHIMT.

Minimum training requirements for membership:

The most current versions of: ICS 100, ICS 200, ICS 300, IS 700, IS 800.

Minimum training for active or deployable members:

ICS 400, USFA Type 3 All-Hazard Incident Management Team course (O-305), Emergency Operations Center/Incident Command System Interface (G-191), Hazardous Materials - Awareness, Critical Incident Stress Management, and at least one position specific course.

C. Supporting Documentation

A course completion certificate must be submitted for any course the applicant states they have completed. An Incident Action Plan (IAP) must be submitted for any event/incident the applicant has participated in. In the event an IAP is not available, a description of the event/incident along with the applicant's role and responsibilities shall be provided. Any other supporting documentation pertinent to the application may be submitted as well.

2. CONFIRMATION EMAIL

Applicant will receive an email indicating that the application was received, and if there were any issues with it (e.g. missing information or supporting documentation).

3. INTERVIEW (Optional)

Applicants may be interviewed by a panel of NJ-AHIMT members if any information contained in the application package needs clarification. If an interview is needed, the applicant will be contacted via phone or email to schedule the interview.

4. NOTIFICATION OF ACCEPTANCE/DENIAL

Applicants will be informed of their acceptance or denial to the NJ-AHIMT via phone or email.



NJ-AHIMT Application

Applicant Information

Full Name: _____
Last First M.I.

Home Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Home Phone: _____ Cell Phone: _____

Personal Email: _____

Participating Agency Information

Participating Agency: _____

Work Address: _____
Street Address Unit #

City State ZIP Code

Work Phone: _____ Ext: _____ Work Email: _____

Current Position/Title within the Participating Agency: _____

Current Status with the Participating Agency: Full Time Part Time Volunteer

This section must be completed and signed by the applicant's supervisor within the Participating Agency:

Supervisor Name: _____
Last First

Supervisor Position within the Participating Agency: _____

Supervisor Phone: _____ Supervisor Email: _____

I acknowledge the expectations and requirements of members participating on the NJ-AHIMT and I authorize this applicant to apply for membership.

Supervisor Signature

Date

Sections/Positions Applying For

Select your three (3) most preferred positions, in order, by placing the numbers 1 - 3 next to each selection with #1 being your most preferred position.

Safety Officer

Public Information Officer

Liaison Officer

Operations Section

Planning Section

Logistics Section

Finance/Admin Section

Intelligence/Investigations Section

Training

Please mark all courses below that you have completed.

NOTE: Copies of certificates must be submitted with application. Application will be rejected without proper and required certificates.

ICS and NIMS Courses (The most current versions of)

- ICS-100: Introduction to the Incident Command System
- ICS-200: ICS for Single Resources and Initial Action Incidents
- ICS-300: Intermediate ICS for Expanding Incidents
- ICS-400: Advanced ICS for Command and General Staff
- IS-700: National Incident Management System, An Introduction
- IS-800: National Response Framework, An Introduction

All-Hazards Position Specific Courses

- E/L 950: NIMS ICS All-Hazards Incident Commander
- E/L 952: NIMS ICS All-Hazards Public Information Officer
- E/L 954: NIMS ICS All-Hazards Safety Officer
- E/L 956: NIMS ICS All-Hazards Liaison Officer
- E/L 958: NIMS ICS All-Hazards Operations Section Chief
- E/L 960: NIMS ICS All-Hazards Division/Group Supervisor
- E/L 962: NIMS ICS All-Hazards Planning Section Chief
- E/L 964: NIMS ICS All-Hazards Situation Unit Leader
- E/L 965: NIMS ICS All-Hazards Resource Unit Leader
- E/L 967: NIMS ICS All-Hazards Logistics Section Chief
- E/L 969: NIMS ICS All-Hazards Communications Unit Leader
- E/L 970: NIMS ICS All-Hazards Supply Unit Leader
- E/L 971: NIMS ICS All-Hazards Facilities Unit Leader
- E/L 973: NIMS ICS All-Hazards Finance/Admin. Section Chief
- E/L 975: NIMS ICS All-Hazards Finance/Admin. Unit Leader Course
- E/L 984: NIMS ICS All-Hazards Task Force/Strike Team Leader
- E/L 986: NIMS ICS All-Hazards Air Support Group Supervisor
- E/L 987: NIMS ICS All-Hazards Introduction to Air Operations

U.S. Fire Administration Courses

- O-305 Type 3 All-Hazards Incident Management Team

Emergency Operations Center and Incident Management Team Interface Training

- G-191: Emergency Operations Center/Incident Command System Interface

Hazardous Materials Training

- Hazardous Materials - Awareness

Additional Relevant Training (to include leadership training, critical incident stress training, any additional or equivalent courses belonging to one of the categories above, or any other training that supports development of knowledge and skills to support a position performance assignment).

NOTE: Copies of certificates **must be submitted** with application.

Course Name	Date Completed

*Copies of Certificates must be submitted with application

Experience

1. How many years of operational/response experience do you have? _____ (explain below)
2. How many years of Incident Management experience do you have? _____ (explain below)
3. Have you ever been or are you currently a member of an IMT/IST/IMAT? Yes No

If yes, which team and type? _____

Please provide a brief statement on the overall operational and incident management experience you have listed above. When describing your experience, indicate what type event the incident was (i.e.: type 3 incident, type 4 incident, planned event, etc...)

4. Have you produced/assisted with the development of an Incident Action Plan (IAP)? Yes No
(If yes, a copy must be submitted with your application)

5. Have you served in any of the position(s)/section(s) you are applying for on any actual incidents or exercises?
Yes No

If yes, please list what the incident or exercise was and provide IAPs or a brief explanation if no IAP exists. Please provide no more than 5 incidents/exercises.

Incident/Exercise	Dates	Position

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge. I also acknowledge that membership on the NJ-AHIMT may require physical activity and am prepared for such.

If this application leads to membership, I understand that false or misleading information in my application or interview may result in my release.

Applicant Signature

Date