



NJ All-Hazards Incident Management Team

Member Application

## NJ-AHIMT MEMBER APPLICATION INSTRUCTIONS

### 1. SUBMIT REQUIRED DOCUMENTS

All documents shall be submitted to: [nj-ahimt@gw.njsp.org](mailto: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 to provide personnel, equipment, and/or vehicles to the NJ-AHIMT. If NJOEM does not have a memorandum of agreement on file already 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 their experience to ensure that the applicant meets the minimum requirements for NJ-AHIMT membership.

**Minimum training requirements to apply:**

ICS-100.C, ICS-200.B, ICS-300, IS-700.B, and IS-800.C.

**Training to be taken within 1 year of acceptance:**

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 has completed. An Incident Action Plan (IAP) must be submitted for any event/incident(s) the applicant has participated in. In the event an IAP is not available, a description of the event/incident along with the applicants 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 email to schedule the interview.

### 4. NOTIFICATION OF ACCEPTANCE/DENIAL

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



**NJ All-Hazards Incident Management Team**

**Member 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 all positions and/or sections you are applying for.

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Incident Commander         | <input type="checkbox"/> Liaison Officer       | <input type="checkbox"/> Safety Officer                      |
| <input type="checkbox"/> Public Information Officer | <input type="checkbox"/> Operations Section    | <input type="checkbox"/> Planning Section                    |
| <input type="checkbox"/> Logistics Section          | <input type="checkbox"/> Finance/Admin Section | <input type="checkbox"/> Intelligence/Investigations Section |

Have you served in any of the sections/positions checked above on any actual incidents or exercises?  
 Yes  No

If yes, which positions and what incidents/exercises? NOTE: Copies of IAPs for each listed incident/exercise must be submitted with application. If no IAP is available, a description of the incident/exercise along with the role and responsibilities you held shall be provided.

Date	Incident/Exercise	Position

## Training

Please mark all courses below that you have completed.  
 NOTE: Copies of certificates must be submitted with application.

**NIMS Training \*Please note the most current course versions are required.**

- ICS-100.C: Introduction to the Incident Command System
- ICS-200.B: 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.B: National Incident Management System, An Introduction
- IS-800.C: National Response Framework, An Introduction

**Position Specific Training**

- 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



## 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? Yes  No

If yes, which team and type? \_\_\_\_\_

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

Please provide a brief statement on the operational and incident management experience you have listed above as well as any experience you have had with the development of an IAP. When describing your experience, indicate what type event the incident was (i.e. type 3, type 4, planned event, etc).

## Additional Information

Use this space to provide any additional information that is not already captured on the application pertinent to membership on the NJ-AHIMT.

**Certification, Acknowledgement and Signature**

*I certify that my answers are true and complete to the best of my knowledge. I am aware that if any information on this application or in any subsequent interview is willfully false or misleading, I may be dismissed from participation on the NJ-AHIMT.*

*I also acknowledge and agree that membership on the NJ-AHIMT may require intense physical activity, long rotating shift hours in adverse conditions, and deployments for extended periods of time.*

\_\_\_\_\_

Applicant Signature

\_\_\_\_\_

Date

**For NJ-AHIMT Use Only**

Date Received:	Received By:	Signature:
Date Reviewed:	Reviewed By:	Signature:
Date Interviewed:	Interviewed By: 1. 2. 3.	Signature: 1. 2. 3.
Membership:  Denied <input type="checkbox"/> Accepted <input type="checkbox"/>	By:	Signature:
If applicant was denied for membership, provide reason:		