

IDAHO DEPARTMENT OF CORRECTION
Field and Community Response Team Application

Note: Applicants must not be serving an employment probationary period.

Personal Information

Applicant's Name (First, MI, Last): _____

Associate ID#: _____ District/CWC: _____ Hire Date: _____

Primary Occupation: _____

Home Street Address: _____

City & State: _____ Zip: _____

Home Ph: _____ Work Ph: _____ Other Ph: _____

Personal Email Address: _____

Work Email Address: _____

Emergency Notification Information

Contact's Name (First, Last): _____

Relationship to You: _____

Home Street Address: _____

City & State: _____ Zip: _____

Home Ph: _____ Work Ph: _____ Other Ph: _____

Questionnaire

1. Statement of Interest

Why do you want to be a member of a Field and Community Response Team?

2. Emergency Experience

A. Please describe any difficult or noteworthy past experiences you have had with providing emergency services.

B. Do you have experience as an emergency response team member? Yes No

C. If you answered 'yes' to '2B', please list the types of emergencies you were involved in as a team member.

Applicant's Name (First, MI, Last): _____

Associate ID#: _____

3. Willingness and Abilities to Instruct

Discuss your willingness and abilities to instruct and provide education about emergency management to either individuals or groups.

5. Describe Yourself

Describe your strengths and weaknesses.

6. Membership in Professional Organizations

A. Are you a member of any professional organizations? Yes No.

B. If you answered 'yes' to '6A', please list their names and indicate whether your membership is current.

7. Participation in Community Service Groups and Programs

List any community service groups and programs in which you have participated (e.g., Red Cross, Volunteer Fire, EMT, Sheriff's Search and Rescue, etc.).

8. Related Training

List and describe any training you have received in the areas of emergency management. Please include conferences, seminars, courses, certificates, etc. Please list a few examples that are relevant to FCRT membership (e.g., ICS 100, 200, 300, 700, tactical team training, etc.).

9. References

List three (3) references who will acknowledge your interest and abilities to be an effective FCRT member.

Name	Relationship to You	Phone Number

Signature

Date

Note: After completing and signing, forward to your immediate supervisor for a recommendation.

Applicant's Name (First, MI, Last): _____

Associate ID#: _____

Recommending Authority

Recommended Not Recommended

If not recommended, reason: _____

Immediate Supervisor's Signature

Date

Selection Authority

Selected Not Selected

If not selected, reason: _____

District Manager's Signature

Date