



Barnstable County Incident Management Team

P.O. Box 427

Barnstable, MA 02630

Phone : 508-375-6732

Fax : (508) 790-3082

E-Mail : BCIMT@barnstablecounty.org

Team Leader: Robert Brown

Team Coordinator: Mike Walker

Applicant Information

Name: _____ Title: _____

D.O.B: _____ Drivers License Number: _____ State: _____

Work Address: _____ Phone: () _____

City: _____ State: _____ Zip: _____ Fax: () _____

E-mail Address: _____

Cellular Phone: _____

Home Address: _____ Phone: () _____

City: _____ State: _____ Zip: _____ Fax: () _____

E-mail Address: _____

Cellular Phone: _____ Pager Number: _____

24 / 7 Contact telephone number _____

Cellular phone number/pager company name for the 24 IMT notification dispatch: _____

Professional Experience (fill in for all that apply):

Profession	Experience (Ck all that apply)	Years of Service	Supervisory Years of Service
Law Enforcement			
Fire			
EMS			
Emergency Management			
Public Works			
Other: _____			
Other: _____			

Note: Please attach your resume reflecting pertinent experience.

NIMS and ICS Training (indicate all completed and attach copies of certificates)

- Unified Command
- ICS100
- ICS200
- ICS300
- ICS400
- ICS700
- ICS800

- All-Hazard IMT
- Command and General Staff
- Operations Section Chief
- Logistics Section Chief
- Planning Section Chief
- Finance Section Chief
- Safety Officer
- PIO
- Liaison
- Other experience-sign below:
- _____
- _____
- _____
- _____

Signature Authorizations:

① Applicant Signature

Name (please print): _____

Signature: _____ Date: _____

I attest by this signature that all the information contained in this application and any accompanying documentation is true. Submission of this application does not constitute acceptance to the team. That a background and C.O.R.I. check will be performed. This document is *signed under pains and penalty of perjury*.

Received by: _____

Date & Time received: _____

