



# CCC-EOC Liaison Team Application

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

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Evening: \_\_\_\_\_ Cell/Text: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Best time to contact: \_\_\_\_\_

## Availability

When the EOC is fully activated, we operate both day and night shifts. Typically, these may be 12-hour rotations.

I am potentially available for:

- Daytime activation only
- Night time activation only
- Either
- I can work 12 hour shifts
- I cannot work extended hours but am available for \_\_\_\_ hr. shift work

During non-emergency events, I am willing to assist with:

- Drills & exercises
- Public Emergency Education
- Public Health Education
- Support other local public service organizations

## Requirement for team members

Attach a copy of course certificates along with this application or submit when completed.

- ICS 100 Date \_\_\_\_\_
- ICS 200 Date \_\_\_\_\_
- ICS 700 Date \_\_\_\_\_
- State Emergency Worker background check: Date expires \_\_\_\_\_
- CCC-EOC Liaison Team Training Date completed: \_\_\_\_\_
- Date completed: \_\_\_\_\_
- Date completed: \_\_\_\_\_

## Additional training

- EOC Liaison Training Date completed: \_\_\_\_\_
- ICS in the Field for Volunteers Date completed: \_\_\_\_\_
- Shelter Operations Date completed: \_\_\_\_\_
- Care Team training Date completed: \_\_\_\_\_
- FAST Training Date completed: \_\_\_\_\_
- Pet Shelter Operations Date completed: \_\_\_\_\_

## License Information

Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_ CDL: \_\_\_\_\_

Professional License: Type: \_\_\_\_\_ License #: \_\_\_\_\_

State: \_\_\_\_\_ Expiration date: \_\_\_\_\_

**References**

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

Phone: \_\_\_\_\_

Relation: \_\_\_\_\_

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

Phone: \_\_\_\_\_

Relation: \_\_\_\_\_

**Skills**

**Service:**

Foreign Language (list)

\_\_\_\_\_

\_\_\_\_\_

Other skills

\_\_\_\_\_

\_\_\_\_\_

**Communications:**

Ham operator

Hot/crisis line worker

Public Relations

Public Speaker

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

**Office Support:**

Clerical (filing/copying)

Data entry

Phone receptionist

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

**Briefly explain why you want to join the CCC-EOC Liaison Team**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I certify that the information on this application is correct.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**STAFF USE ONLY**

Verification completed on \_\_\_\_\_

Entered into data base on \_\_\_\_\_

Application reviewed by: \_\_\_\_\_