



Application Packet for the Lakes Region Mutual Fire Aid Type 4 Incident Management Team

The Lakes Region Mutual Fire Aid is currently accepting applications for the LRMFA, Type 4 All Hazards Incident Management Team (IMAT).

The concept behind forming an IMAT is that during any type of natural or man-made disaster/emergency within the region, many jurisdictions may become overwhelmed in a very short amount of time. Many jurisdictions within the Lakes Region have small populations and their first response agencies are composed of mainly volunteers, or individuals that serve in more than one position (i.e. Fire Chief and Emergency Management Director). Building a system that will provide consistent support during emergency situations is a priority. The IMAT will be a trained, multi-discipline, all hazards response resource for affected jurisdictions to draw upon to assist their staff with Command and General Staff incident management functions. The IMAT will be trained to fill roles in both tactical field operations and to assist in an Emergency Operations Center if necessary. Therefore, the IMAT will come as a complete package, able to meet all of their personal and work needs, for the initial operational period.

Minimum requirements for membership include completion of National Incident Management System (NIMS) training including: IS 100, 200, IS700 or (IS700a) and applicable position specific training. Additional classes may be offered during team startup. If you feel you have skills that will be positive for the team but do not have all the above training, please feel free to apply. The IMAT may create a training plan as needed to best serve the team.

Membership on the team is not limited to persons with emergency response backgrounds. There are positions in many Sections of the Incident Management System for persons that have sufficient training without having emergency response backgrounds. Although we believe that some positions require extensive experience in emergency response, we welcome all applications. Since this IMAT is being built as an All Hazards Response asset, we would like a wide range of agencies such as, Fire, EMS, Law Enforcement, Emergency Management, Finance etc. to be represented. The Lakes Region IMAT Committee will work to put forth the best qualified and most well rounded Incident Management Assistance Team possible. Applicants must be employees of a Lakes Region Mutual Fire Aid member community

Team members will be expected to have the full support of their agencies. Team members should be prepared to be deployed at a moments notice and will be required to be available for a minimum of 72 hours on initial deployment. A Memorandum of Understanding will be signed with the employer stating that all payroll, benefits, overtime, and insurance applicable for the employee will be the responsibility of the employer.

If a Federal Disaster is declared, there maybe reimbursements available, but the Lakes Region Incident Management Assistance Team is based on a volunteer model. IMAT members, and their home agencies/jurisdictions, will be expected to consent to a minimum of a three year commitment to the team, after the initial training period.

The application is a five step process:

1. Application and verification of current training completed
2. Member and Agency MOU signed and returned
3. Review by LRMFA IMAT committee of qualifications and experience
4. Recommendation by the IMAT Committee to the Executive Committee of LRMFA
5. Appointment by LRMFA Executive Committee

As part of your application please provide a maximum of two pages that answer the following questions:

1. What position or positions you would like to be considered for on the IMAT and why?
2. What specific response experience do you have that would assist the IMAT?
3. What work experience do you have that would assist the IMAT?
4. Other additional information that you believe the committee should consider

All applications should be forwarded to:

Lakes Region Mutual Fire Aid
Incident Management Assistance Team Committee
62 Communications Drive
Laconia, NH 03246

Please include:

- a. Application
- b. Copies of certificates to support application
- c. Signed copies of the Member and Agency Memorandum of Understanding
- d. Narrative answering above questions

The LRMFA Incident Managements Assistance Team Committee will review the application and determine if qualifications for membership are fulfilled. The applicant will be notified of the Committee's determination for membership and any required training to be completed prior to assignment to the team. The Committee will try to complete this process within 60 days after the application has been received.

If you have questions about the LRMFA Incident Management Assistance Team please contact any of the following Committee Members.

Chief Dave Parenti	dparenti@belmontnh.org	or call (603) 267-8333
Chief Jim Hayes	jhayes@lrmfa.org	or call (603) 528-9111
Chief Steve Yannuzzi	syannuzzi@townofbristolnh.org	or call (603) 744-2632
Chief Eleanor Mardin	hfdchief12@roadrunner.com	or call (603) 968-4491
Deputy Charlie Roffo	LDFDPO@metrocast.net	or call (603) 524-6881

**LAKES REGION TYPE 4
Incident Management Assistance Team
Membership Application**

Please Type or Print Legibly

Name:		Date:
Home Address:		Home Phone:
Work Address:		Cell Phone:
City/ Town of Employment:	Position	Work Phone:
Current Employer: (If not City/Town)		Email Address:
Immediate Supervisor:		Work Phone:
Supervisor Address:		Email Address:

Please Provide Three Professional References

Name: Supervisor / Department Head	Phone	Email
Name: Professional Reference	Phone	Email
Name: Professional Reference	Phone	Email

Indicate the ICS Training Courses you have completed. Check All Box(s) that apply.

IS-700 Introduction to NIMS <input type="checkbox"/>	ICS-400 Advanced ICS <input type="checkbox"/>	IS-402 ICS for Senior Officials <input type="checkbox"/>	PIO/JIC Required Training (PIO Only listed below)
ICS-100 Introduction to ICS <input type="checkbox"/>	IS-800A Intro. to the NRF <input type="checkbox"/>	IS 701 Multi-Agency Coordination <input type="checkbox"/>	G290 Basic PIO <input type="checkbox"/>
ICS-200 Basic ICS <input type="checkbox"/>	Command and General Staff functions for Local IMAT's <input type="checkbox"/>	IS-702 Public Information System <input type="checkbox"/>	E388 Advanced PIO <input type="checkbox"/>
ICS-300 Intermediate ICS <input type="checkbox"/>	All-Hazards (IMAT) Incident Management Team <input type="checkbox"/>	IS-703 Resource Management <input type="checkbox"/>	B966 Advanced PIO – Health <input type="checkbox"/>

Please Indicate in order (1thru3) the ICS positions for consideration

IMAT-Team Leader ()	IMAT-Operations Chief ()	IMAT-Planning Chief ()	IMAT-Logistics Chief ()
IMAT-Finance/ Admin. Chief ()	IMAT-Safety Officer ()	IMAT-Liaison Officer ()	IMAT-Public Information Officer ()
Resource Unit Leader (Plans) ()	Situation Unit Leader (Plans) ()	Communications Unit Ldr. (Log) ()	Medical Unit Leader (Log) ()

Applicant Signature	Date

***Please include a COVER LETTER & RESUME listing your qualifications.
This is a 3 year commitment based on required position specific training.
Return completed Applications and Memorandums of Understanding to:
LRMFA 62 Communications Drive Laconia, NH 03246***

**Lakes Region Type 4
Incident Management Assistance Team
AGENCY MEMORANDUM OF UNDERSTANDING**

This Memorandum of Understanding, is executed between _____ (applicant's agency) and the Lakes Region, Type 4 Incident Management Assistance Team on this _____ day of _____ 20_____.

The Lakes Region, Type 4 Incident Management Assistance Team is a volunteer response team that is organized through the Lakes Region Mutual Fire Aid. The Lakes Region, Type 4 Incident Management Assistance Team, cooperates with local incident commanders to provide organization and guidance to during incidents that may move into multiple operational periods or be complex in nature. It may also function under the umbrella of the Statewide Fire Mobilization Plan.

I understand that _____ is applying to become a member of the Lakes Region, Type 4 Incident Management Assistance Team. He/She has my permission and support to serve in the capacity that he/she is approved for. I also understand that calls for assignments may come at any time, and that normal assignments may last up to 72 hours and possibly longer given individual circumstances of the emergency. I am willing to allow the employee to respond to the IMAT deployment when called upon to do so. The team member will not be requested to deploy with the Incident Management Assistance Team if his/her jurisdiction is involved with the emergency/disaster affected or is required to be in their own jurisdiction due to another emergency/disaster.

I understand that continuing training and drills will be required of IMAT members approximately four times per year. I understand that while my agency and employee is providing a valuable service to the Lakes Region, Type 4 Incident Management Assistance Team. I also understand there will be no payroll reimbursement, mileage, Workers Compensation Insurance, Liability Insurance, Health Insurance, or any other compensation or reimbursement provided to my agency for my employee's service to the team. I understand that it is the responsibility of my agency to continue to provide my employee with any of the above compensation or insurance while they are deployed as an IMAT member.

In the event that funds are provided by an agency for reimbursement of the IMAT's cost, the employee's agency will be contacted and provided an opportunity to request reimbursement for actual costs incurred due to their employee's deployment.

The members of the IMAT will be provided with a high level of training and exercises that will enhance their leadership and response capabilities for the IMAT and within their own agency. All training will be provided at no or low cost to the team members. The IMAT member's safety and security will be of the utmost importance. The IMAT Safety Officer will formulate a plan that addresses the team member's safety and security while on deployment.

I fully understand and accept the terms in the above memorandum of understanding:

Department/ Agency/ City or Town Official

Date

Team Member (applicant)

Date

Chairman - LRMFA Executive Board

Date

**Lakes Region Type 4
Incident Management Assistance Team**

TEAM MEMBER MEMORANDUM OF UNDERSTANDING

This Memorandum of Understanding, is executed between _____
(applicant) and the Lakes Region, Type 4 Incident Management Assistance Team
on this _____ day of _____ 20_____.

The Lakes Region, Type 4 Incident Management Assistance Team is a volunteer response team that is organized through the Lakes Region Mutual Fire Aid. The Lakes Region, Type 4 Incident Management Assistance Team, cooperates with local incident commanders to provide organization and guidance to during incidents that may move into multiple operational periods or be complex in nature. It may also function under the umbrella of the Statewide Fire Mobilization Plan.

I understand that as a member of the Lakes Region, Type 4 Incident Management Assistance Team calls for assignments may come at any time, and that normal assignments may last up to 72 hours and possibly longer given individual circumstances of the emergency. I am willing to respond to the IMAT deployment when called upon to do so. The team member will not be requested to deploy with the Incident Management Assistance Team if his/her jurisdiction is involved with the emergency/disaster affected or is required to be in their own jurisdiction due to another emergency/disaster.

I understand that continuing training and drills will be required of IMAT members approximately four times per year. I understand that as a member of the IMAT, I am providing a valuable service to the Lakes Region, Type 4 Incident Management Assistance Team. I also understand that there is no payroll reimbursement, mileage, Workers Compensation Insurance, Liability Insurance, Health Insurance, or any other compensation or reimbursement being provided to my agency or myself for service to the team. I understand that it is the responsibility of my agency to continue to provide for any of the above compensation or insurance while I am deployed as an IMAT member.

In the event that funds are provided by an agency for reimbursement of the IMAT's cost, my agency will be contacted and provided an opportunity to request reimbursement for actual costs incurred due to my deployment.

The members of the IMAT will be provided with a high level of training and exercises that will enhance their leadership and response capabilities for the IMAT and within their own agency. All training will be provided at no or low cost to the team members. The IMAT member's safety and security will be of the utmost importance. The IMAT Safety Officer will formulate a plan that addresses the team member's safety and security while on deployment.

I fully understand and accept the terms in the above memorandum of understanding:

Team Member (applicant)

Date

Chairman – LRMFA Executive Board

Date