2015 FEDERAL INTERAGENCY DISPATCH TEAM APPLICATION

Submission of this form is required for participation on Federal Interagency Expanded Dispatch Teams for 2015 for a three year commitment. These teams have pre-identified team members who must be available and have a commitment to participate with their team on fire assignments. Except for the time the team is on 2-hour or 8-hour call, participation on the team will not limit a person’s availability for other fire assignments. During the pay periods that a team is “on-call”, team members will be expected to mobilize for fire assignments within two hours of being activated.

If you are interested in participating on a team, please complete (type) the following and return the signed form to your ECC Manager by **FEBRUARY 20, 2015. Hand written forms will not be accepted.**

ECC managers please fax or e-mail the TYPED form to the following: Fax 951-782-4900 or [bmason02@fs.fed.us](mailto:bmason02@fs.fed.us). Faxes must include a cover page with {ATTN: Beth Mason}

Applicants please check with the previous e-mail addressee to ensure receipt of the application.

APPLICANTS NAME: Click here to enter text. E-MAIL ADDRESS: Click here to enter text.

HOME UNIT ID (EX. CA-OSC) Click here to enter text.

WORK NUMBERClick here to enter text. HOME Click here to enter text. CELL Click here to enter text. EMPLOYMENT STATUS: Federal Employee  AD  State/Local Gov.

INCIDENT QUALIFICATIONS: EDSP  EDSD  EDRC

\* TRAINEE: EDSP  EDSD  EDRC

TEAM POSITION(S) YOU ARE INTERESTED IN FILLING: EDSP  EDSD  EDRC

EDSPs; ARE YOU INTERESTED IN BEING A TEAM LEADER: Yes  No

EDSPs; ARE YOU INTERESTED IN BEING A TEAM DEPUTY: Yes  No

DO YOU WANT TO BE AN ALTERNATE ONLY? Yes  No

WILL THIS BE A SHARED POSITION WITH IN YOUR CENTER? Yes  No

DISPATCH TRAINING CLASSES YOU HAVE COMPLETED: \_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HAVE YOU COMPLETED ROSS TRAINING? Yes  No

HOW MANY ASSIGNMENTS HAVE YOU HAD IN THE LAST THREE (3) YEARS:\_\_\_\_\_

ARE YOU WILLING TO FLY TO ASSIGNMENTS? Yes  No

# ARE YOU SELF-SUFFICENT? Yes No

# REMARKS: Click here to enter text.

# SUPERVISORY APPROVAL

I approve the participation of the above-named employee as an Expanded Dispatch Team Member.

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Supervisor’s Name (Please Print) Signature

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Line Officer/ FMO Name (Please Print) Signature

*Internal Use Only:* Date Received: