



Illinois Incident Management Team (IL-IMT)

New Member Application

c/o ILEAS • 1701 E. Main Street • Urbana, IL 61802

Applicant Information

Name: _____ Title: _____

D.O.B: _____ Driver's License Number: _____ State: _____

Employer/Department: _____

Work Address: _____ Phone: () _____

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

Home Address: _____ Phone: () _____

City: _____ State: _____ Zip: _____ Cell Phone: _____

Email Address: _____

Professional Experience (fill in for all that apply):

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

Note: Please ensure your resume reflects pertinent experience.

NIMS and ICS Training

Course	Notes	Date Completed
ICS 100	Membership prerequisites	
ICS 200		
ICS 300		
ICS 400		
All Hazard IMT	Complete at earliest opportunity	
Command and General Staff	May be substituted for ICS 300/400	

Other

Criminal Background Check	Completed within 6 months of application	
Written Oath signed/submitted	IAW Section 20 of IEMA Act	

Signature Authorizations

① Applicant Signature

Name (please print): _____

Signature: _____ Date: _____

I certify by this signature that all the information contained in this application and any accompanying material is true.

② Employer/Department Authorization

Name (please print): _____ Title: _____

Telephone number: _____

Signature: _____ Date: _____

③ Sponsoring Agency Authorization

ILEAS MABAS IEMA IDPH IESMA

Other: _____

Please Note: IL-IMT policy prohibits membership in another Illinois Mobile Support Team (MST) as it may impact availability to respond.

Name (please print): _____

Telephone number: _____

Signature: _____ Date: _____

④ IMT Senior Co-Chair / IEMA Operations Bureau Chief

Name (please print): _____ Title: IMT Co-Chair

Signature: _____ Date: _____

Name (please print): _____ Title: IEMA Ops Chief

Signature: _____ Date: _____