



TEAMS APPLICATION FORM (Temporary Emergency Assignment Management System)

Your personal application and résumé information is collected under s. 26(c) of the Freedom of Information and Protection of Privacy Act (FoIPPA) for the purpose of managing the TEAMS project. We will not use this information for any other purpose and will not share your personal information with any other organization or agency without your consent. Please direct any questions or concerns about the collection or use of your personal information to Denyse Koo, TEAMS and Volunteer Support Planning Manager, 250-952-4808 or EMBCTEAMS@gov.bc.ca.

Please note that this is a fillable PDF form including allowing for electronic signatures or you can SCAN and EMAIL COMPLETED APPLICATION FORMS and RÉSUMÉ TO: EMBCTEAMS@GOV.BC.CA.

General Info

1. Are you currently an active member of BC Wildfire Services TEAMS? [] Yes [] No
Have you previously participated in the EMBC or BCWSTEAMS program? [] Yes [] No
Please be aware that it is our policy that past participation on a TEAMS program requires referral to former TEAMS supervisors and records.

2. Name: (Last) _____ (First) _____ (Initial) _____
Personal Address: _____
City: _____ Postal Code: _____

3. Place of Employment: (Ministry) _____
(Agency or Crown Corporation) _____
Employee # _____
Work Mailing Address: _____
City: _____ Postal Code: _____
Current Position Title: _____ Classification: _____
Duties Include: _____

4. Contact Numbers: (Please include area code with all numbers)
Work #: _____ Home #: _____
Work Cell #: _____ Personal Cell # _____
Work Email Address: _____
Only provide a personal email address if you are NOT a government employee. Due to privacy laws, if you are a government employee, we must use your work email address.
Personal Email Address: _____

TEAMS Positions

The following are TEAMS positions. Please indicate which position(s) you feel you would be best suited to with respect to your skills, training and abilities (i.e. mark 1st, 2nd, and 3rd choices). Although you may be recommended for a specific job, you may be placed in any position required at the time of the emergency/disaster.

- | | |
|---------------------------------------------------|----------------------------------------------|
| <input type="checkbox"/> Director/Deputy Director | <input type="checkbox"/> Operations Section |
| <input type="checkbox"/> Planning Section | <input type="checkbox"/> Logistics Section |
| <input type="checkbox"/> Finance/Admin Section | <input type="checkbox"/> Information Section |
| <input type="checkbox"/> Risk Management Officer | <input type="checkbox"/> Liaison Officer |

Note: Applying for TEAMS does not guarantee placement. Screening of TEAMS applicants is done by Emergency Management BC.

Knowledge, Skills, and Abilities

Note: Completed application forms must be submitted with copy of your current résumé; attach additional information as required.

a) List training courses/workshops you have taken that are related to emergency management:

- ICS100 (EMRG1200)
- Intro to EOC or EOC Essentials (EMRG1320)
- The Core
- Pre-Activation Training
- ETEAM
- Other _____

b) Indicate if you have special qualifications or training in any of the following areas:

- Critical Infrastructure
- Disaster Recovery
- Documentation
- Driver's License Classification: _____
- Emergency Support Services
- Finance
- Information Technology
- Occupational First Aid II or equivalent Expiry: _____
- Radio Operator (HAM)

Knowledge, Skills, and Abilities cont'd...

c) What experience do you have related to emergency management? Please specify any management experience or skills if applicable.

PREOC or PECC experience (specify positions filled): _____

Other: _____

d) There are over 50 hazards in B.C (i.e. flooding, earthquake). What direct hazard-related experience have you had that would assist you as a TEAMS member?

e) Do you have experience working directly with Indigenous Communities? If so, please describe:

References

Please provide two work references – at least one should include present or former supervisor – all reference checks will be confidential.

a) Name: (Last) _____ (First) _____

Ministry: _____ Position: _____

Work #: _____ Home/Cell #: _____

Email: _____

b) Name: (Last) _____ (First) _____

Ministry: _____ Position: _____

Work #: _____ Home/Cell #: _____

Email: _____

Availability

TEAMS members will receive up to ten days emergency management training per year. During response, TEAMS members should be available to respond as required.

Be advised that your supervisor will be notified if your application is accepted or declined. Should your position and/or supervisor change, there is a specific form available to indicate new supervisor's approval.

Please initial that you have read the above statement and understand the extent of the commitment required.

Initials _____

Signatures

Direct Supervisor's Approval

I understand the commitment requirement for TEAMS members and support this application.

Name: _____ Position: _____

Contact Number: _____

Supervisor Signature

Date

NOTES:

1. A TEAMS Supervisor Handbook is available upon request to EMBCTEAMS@gov.bc.ca.
2. If you have a new supervisor, you are required to have the permission of that new supervisor to continue with the TEAMS program. A form for new supervisors is available, also through the email address above.

Financial Analyst

NOTE: If you are unsure who the Financial Analyst is for your branch, please contact <https://cassp.gov.bc.ca/support/Pages/help.aspx>. They can direct you to the correct person.

Name: _____

Applicant Signature

Applicant Signature

Date