

**KANSAS INCIDENT MANAGEMENT TEAM
Renewal Application**

Team Member Name: _____

Region: _____ Renewal Term: _____ to _____

Command & General Staff Position(s) Applying For:

- | | | |
|--|--|---|
| <input type="checkbox"/> Incident Commander | <input type="checkbox"/> Public Information Officer | <input type="checkbox"/> Liaison Officer |
| <input type="checkbox"/> Safety Officer | <input type="checkbox"/> Operations Section Chief | <input type="checkbox"/> Planning Section Chief |
| <input type="checkbox"/> Logistics Section Chief | <input type="checkbox"/> Finance/Admin Section Chief | <input type="checkbox"/> Comm. Unit Leader |

Training, Drills, Task books completed & Deployments since last renewal:

- | | |
|----------|----------|
| 1) _____ | 2) _____ |
| 3) _____ | 4) _____ |
| 5) _____ | 6) _____ |
| 7) _____ | 8) _____ |

AVAILABILITY COMMITMENT

Applicant availability is critical to the success of Incident Management Teams. Submitting this application signifies a commitment to be available for training, exercises and deployments. Deployments are not scheduled and you will be expected to answer calls and deploy to incidents with little notice. While deployed, you likely will not be able to communicate with your family/co-workers or perform tasks for your regular employer. By signing this renewal application you are committing to be available as described above.

APPLICANT SIGNATURE, APPROVALS & STATE ACCEPTANCE

Applicant: _____ Date: _____

Applicant's Agency Approval: _____ Date: _____

County EM Approval: _____ Date: _____

KSIMT Acceptance: _____ Date: _____