

CENTRAL AID AGENCY

POSITION APPLICATION				
POSITION NAME			POSITION DESIGNATION	
Rapid Response Team Sector 2 Member			RRT-G1	
DETAILS				
TYPE OF POSTING	OPEN DATE RANGE	LEVEL OF COMMAND	POSITION RANK	PAYSCALE
Internal and External	07/14/2016 – Until Filled	Tier 1	G1 – Private and Above	Volunteer
DESCRIPTION OF DUTIES			DESCRIPTION OF SELECTION PROCESS	
<ul style="list-style-type: none"> -Respond to emergency situations -Assist with disaster mitigation and preparedness. -Help educate the public about disaster response and preparedness -Assist as needed with CERT program. -Participate in regular training and disaster response related events. 			<ul style="list-style-type: none"> -Application -Approval by RRT Commander and your Commanding Officer -Issued Red T-shirt -Become HAM & ICS Certified -Attend and pass CERT training (If not certified) -Receive full uniform and equipment -Assignment to RRT unit. -Personnel will be on probation for up to six (6) months after initial assignment. 	
UNIFORM			TYPE OF ASSIGNMENT	
<ul style="list-style-type: none"> -Type C and above -Emergency Response personnel wear full regulation uniforms. 			<ul style="list-style-type: none"> -Ad-Hoc assignment -This is a secondary area of responsibility -Personnel are assigned to other primary areas of responsibility within the C.A.A. and participate in the RRT on an as-needed basis. 	
MEMBERSHIP REQUIREMENT				
<ul style="list-style-type: none"> -Upon being selected for the position, candidates must join the Central Aid Agency as a full member. (If not already) 				
HYGIENE AND APPEARANCE				
<p>Type 2:</p> <ul style="list-style-type: none"> -Male hair may not be longer than 2 inches from the scalp when in full uniform, must be worn in an authorized professional style, and well groomed. -Facial hair is restricted to a mustache that can extend no further than the corners of the mouth. Sideburns may not extend below the bottom of the ear lobe and must have a straight front and bottom edge so that they are rectangular in appearance. The rest of the face must be clean shaven when in full uniform. -Female hair may be of any length, but may have to be worn up in a military bun in some instances for safety reasons if it is longer than shoulder length. -Hair color must be a natural looking if colored; off color highlights are not permitted. Dreadlocks, matted, or unkempt hair is not permitted. 				

-Tattoos are not restricted below the neckline or above the wrists, but placement on the hands, neck, or face is not permitted. Pre-existing tattoos in these locations require special authorization. One band tattoo is authorized on the ring finger of the left or right hand between the knuckle and first joint, as long as it is ½ inch or less wide. Unless otherwise authorized, visible tattoos must be covered while in full uniform.

-Piercings are not permitted if they are impractical or leave obvious marks when not worn. Permanent piercings, gouges, gauges, or bodily disfigurement is not permitted. Only small stud type ear piercings with dull backings are permitted to be worn on duty for safety reasons. All piercings may be required to be removed for safety or security reasons while on duty.

-Personnel must keep good personal hygiene.

ELIGIBILITY

EDUCATION / WORK EXPERIENCE:

-Must be an Active Duty C.A.A. member in good standing for at least three (3) months to be eligible to join.

CERTIFICATIONS:

-Must complete before you will be issued a uniform and able to deploy with the unit:

-ICS 100, 200, and 700

-HAM Radio Certification

-CERT Basic Training

-Must complete LCC Volunteer Application (Included in RRT signup packet).

ABILITY/BACKGROUND:

Are you comfortable with death and/or corpses? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you understand that you may be subjected to difficult physical challenges? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you comfortable wearing a full uniform? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you comfortable operating during stressful situations? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you willing to meet the scheduling and training requirements of the unit? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you comfortable around blood, first aid and/or medical emergencies? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you understand that you may be called upon to be deployed at any time? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you comfortable operating outside your usual comfort zones? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you comfortable operating as part of a team and within the confines of a highly organized unit? <input type="checkbox"/> Yes <input type="checkbox"/> No

NON-MEMBER APPLICANTS - PLEASE ATTACH A DETAILED EXPLANATION ABOUT WHY YOU THINK YOU WOULD BE A GOOD FIT FOR THE POSITION

APPLICATION	
LAST NAME	FIRST NAME
DATE OF BIRTH	GENDER
	<input type="checkbox"/> Male <input type="checkbox"/> Female
CONTACT PHONE	CONTACT EMAIL
SIGNATURE	DATE
BELOW FOR C.A.A. PERSONNEL APPLICANTS ONLY	
CURRENT COMMAND OR BRANCH	CURRENT UNIT
CURRENT COMMANDING OFFICER	YOUR C.A.A. ID NUMBER
BELOW FOR AUTHORIZING OFFICER ONLY	
APPLICATION APPROVED	DATE
<input type="checkbox"/> Yes <input type="checkbox"/> No	
SIGNATURE	ID NUMBER

LCC Emergency Planning Team Volunteer Application

Please complete. Print all answers.

Individual or Group Name _____

Application Date _____

I. Application Questions to Establish Organization/Individual Eligibility

A. Experience/Training

1. Please state the total number of years the organization or individual has been involved in volunteer activities. _____
2. Candidate(s) completed FEMA ICS 100 and 200? _____
3. Candidate(s) familiar with LCC's main campus layout? Y / N
4. If "Yes" to above Question, how was this knowledge obtained?

5. Candidates completed any of the following (Count each incidence of current trained or certified members as, "1" for each entry. For example if an organization is applying, and 5 people have current first aid certifications, the number "5" would be placed by "First Aid".) Do NOT list expired certifications or trainings.

_____ First Aid	_____ Other ICS Training (list) _____
_____ EMT-B	_____ Current Red Cross Volunteer
_____ EMT-I	_____ Current Other Volunteer (name agency(s)) _____
_____ EMT-P	_____
_____ FEMA ECS 700	_____
_____ FEMA ICS 800	_____ Current Other Certification (name)
_____ CPR Adult Basic	_____
_____ CPR Child/infant	_____ CERT

OFFICE USE ONLY: Score 1 _____, Score 2 _____, Score 3 _____, Score 4 _____ Score 5 _____ Total 1-5 _____
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B. Communication/Transportation

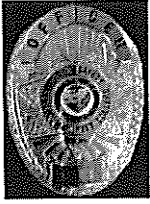
Check whichever statements are true:

- 1. Individual applicant has a cell phone
- 2. Individual member has personal transportation (motor vehicle)
- 3. ALL Group members have cell phones
- 4. ALL Group members have personal transportation (motor vehicle)

II. Member CCH Results/Individual Applicant CCH Results

Applicant may be automatically disqualified for any of the following reasons:

- Criminal History including but not limited to: any property crime, drug abuse, felony convictions, crime against person, domestic violence
- Individual does not have a valid driver's license
- Individual refuses to sign confidentiality agreement
- Individual has been dishonorably discharged from military service



**Lane Community College
Public Safety Department
Criminal History Authorization**



I give my permission for the LCC Public Safety Department to conduct a criminal history check on me. Information may be gathered through various sources including, but not limited to: LEADS, NCIC, DMV, or other regional and national computer databases.

Physical Identifiers:

Gender: Male Female

Ethnicity: A B H I W

Date of Birth

Social Security Number

Month:

Day:

Year:

-

-

Drivers License Number / Phone Number

State

/

List all states that you have lived, worked, or attended school in since age 18:

List all other names that you have used including nicknames, aliases, and maiden name(s).

Last, First, Middle:

Last, First, Middle:

Last, First, Middle:

Last, First, Middle:

Last, First, Middle:

Print Name: First, Middle, and Last Name.

Signature

Date

A photocopy or FAX reproduction of this authorization and release form will be valid as an original hereof, even though the said photocopy does not contain an original writing of my signature.