

**SAN JOAQUIN COUNTY
EMERGENCY OPERATIONS CENTER
TEAM PROGRAM**

PARTICIPANT APPLICATION

Name:	Employee ID:
Department:	Current Classification:
Supervisor:	Title:

Position of Interest: (Please check all that apply):

- ☐ **SUPPORT ASSISTANT** – Helps keep EOC staff provided with basic supplies (pens, etc.) and helps maintain a "Sign In" list and prepare special documents under the guidance of senior staff.
- ☐ **INFORMATION OFFICER RECORDER** – Assists the Public Information Officer by typing news releases, answering telephone calls, monitoring media coverage, and organizing files.
- ☐ **DOCUMENTATION UNIT LEADER (ASSISTANTS)** - Record messages received or sent in a log and maintain documents in an orderly filing system.
- ☐ **DISPLAY PROCESSOR** – Organizes and posts disaster information in computerized and wall-mounted status boards and displays.
- ☐ **MESSAGE CENTER OPERATOR-FAX/COPY MACHINE** – Operates EOC equipment such as facsimile telephone machines and copy machines.
- ☐ **MESSENGER** – Delivers documents throughout the Emergency Operations Center.
- ☐ **PHONE OPERATOR** – Answers telephone calls from the media, public officials, and the general public, answers common questions, or forwards calls to the appropriate person.

Please note that Team Program Members may be trained to perform multiple position duties depending on the staffing and operational needs of the Emergency Operation Center. During extended emergencies, Team Program Members may be asked to train other emergency workers on various assignments.

Commitments and Expectations of Program Participants:

- I understand that as a volunteer participant in this program, I could be called at any time and will need to be available for up to 8-12 hour shifts, including nights and weekends, in response to County Emergencies.
- I understand that I will receive my normal pay and overtime rates while participating in Emergency Center Operations.
- I understand that I will be expected to attend up to 24 hours of training a calendar year.

After Hours Contact Information (Please ensure that at least one contact number has voicemail):

Address:	Contact Phone Number:
	Alternate Phone Number:

By signing this form, I am stating that I understand and accept the duties and expectations of the San Joaquin County Emergency Operations Center Team Program. **Applications must be signed by the employee, supervisor or manager, and Department Head and submitted to Human Resources no later than August 17, 2012.**

Applicant Name (please print)

Signature

Date

Supervisor's Name (please print)

Signature

Date

Department Head Signature

Date