

# Tennessee All-Hazards Incident Management Teams Application Guidance and Instructions



The Tennessee Emergency Management Agency, Tennessee Fire Chiefs Association, Tennessee State Fire Marshal's Office, Emergency Management Association of Tennessee, and the Tennessee Division of Forestry are partnering to develop three regional Type-3 "All-Hazards" Incident Management Teams (AHIMTs). Rapidly expanding natural or manmade incidents within Tennessee can overwhelm a jurisdiction's capability to establish on-scene incident management or coordinate emergency operations. All-Hazards Incident Management Teams are groups of Incident Command System (ICS) trained personnel who respond to assist local responders in managing an incident or event using the ICS. Members are trained to fill roles in both tactical field operations and Emergency Operations Centers. AHIMTs provide a response resource for affected jurisdictions to draw on to assist their staff with management and coordination of incident management functions. The teams will be staffed by public safety professionals from various local and state government agencies and are hosted regionally by the following agencies:

- TN1 (West): Shelby County Emergency Management/Homeland Security Office
- TN2 (Middle): Murfreesboro Fire and Rescue
- TN3 (East): Sevierville Fire Department

Regional AHIMTs are seeking motivated and experienced personnel from the public sector to serve in various Command and General Staff and supporting positions during more complex incidents and events that occur in Tennessee.

Applicants must have successfully completed the following FEMA Incident Command System courses prior to applying for a position on the Incident Management Team:

- ICS100- Introduction to Incident Command System
- ICS200- ICS for Single Resources and Initial Action Incidents
- ICS300- Intermediate ICS for Expanding Incidents
- ICS700- Introduction to the National Incident Management System (NIMS)
- ICS800- Introduction to the National Response Framework
- ICS400- Advanced Incident Command System (Required for Command and General Staff positions)

The following courses are recommended:

- USFA O-0305, Type-3 Incident Management Team Introduction, or
- NFA 0337, Command and General Staff Functions for Local Incident Management Teams

To apply for a position, the applicant must complete the process described on the following page. If accepted, trainees will need to complete training courses specific to the position(s) they will fill on the AHIMT unless they have previously completed them. This includes the five-day USFA 0-305, All-Hazards Incident Management Team Introduction course as well as the NIMS All-Hazards position specific course(s). After completion of training, members will be issued the position task book for their selected position(s) and must take part in exercises and incidents while completing the AHIMT position specific task book.

AHIMT members and their home agencies/jurisdictions are expected to make a minimum three-year commitment to the team following the initial training period. That commitment includes additional training and exercises and being available for multi-day deployments. The Regional AHIMT's will focus on deployments





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within Tennessee, however opportunities may arise for deployments to disasters in other states under the Emergency Management Assistance Compact (EMAC).

### **Regional Incident Management Team Application Process**

- 1. An application packet can be obtained from:
  - (A) A member of the closest Regional AHIMT Coordinating Committee.
  - (B) The Incident Commander of the closest Regional Incident Management Team.
- 2. If applying for more than one position, you must submit a separate application for each position.
- 3. The application packet must be completed in its entirety, scanned as Adobe "pdf" files, and emailed to the appropriate Coordinating Committee for the East, Middle, or West team. If the email or any one file is over 23-megabytes then divide into two or more emails or files. The email addresses are below.
- 4. A complete application package must include scans of all five of the following documents:
  - (A) Completed "Tennessee Regional All Hazards Incident Management Teams Application."
  - (B) Current resume detailing your overall work experience and education in the ICS position you are applying for.
  - (C) Narrative (one-page maximum) explaining your interest, experience, and education in the ICS position you are applying for.
  - (D) Photocopies of the FEMA Incident Command System and any other applicable courses completed.
  - (E) Letter of support from the head of your organization or governing body which states that they understand the Tennessee AHIMT program, agree that you will serve on the AHIMT for at least three years following completion of your training, understand that you will be placed on a rotating call roster and will support you in attending required meetings, training, exercises, drills and disaster deployments.
- 5. The appropriate regional coordinating committee will review the application and either approve or deny the application.
  - (A) The regional coordinating committee may conduct interviews to establish compatibility with the AHIMT program.
- 6. An approved application will be forwarded to the AHIMT Training, Education, and Membership (TEM) Committee for review and concurrence.
- 7. Applicants approved by the TEM will be forwarded to the Governance Committee (GC) for final concurrence.
- 8. The Governance Committee secretary will notify the applicant, the regional Coordinating Committee members, and the appropriate Regional AHIMT Incident Commander of the application status.

Completed application or questions regarding the application should be submitted to the Regional AHIMT Coordinating Committee.

West Regional Coordinating Committee: TN-AHIMT-CC-WEST@listserv.tn.gov

Middle Regional Coordinating Committee: TN-AHIMT-CC-MIDDLE@listserv.tn.gov

TN-AHIMT-CC-EAST@listserv.tn.gov

AHIMT Program Manager: Ryan Thompson ryan.thompson@tn.gov







| EMERGENCY CONTACT INFORMATION                             |  |  |  |  |  |  |
|---|--|--|--|--|--|--|
| Primary Phone (incl area code):                           |  |  |  |  |  |  |
|   |  |  |  |  |  |  |
| Physician Phone (incl area code):                         |  |  |  |  |  |  |
| EMPLOYING AGENCY/PROFESSION/SPONSORING AGENCY INFORMATION |  |  |  |  |  |  |
| ency  |  |  |  |  |  |  |
|   |  |  |  |  |  |  |
| ne & Phone No.  |  |  |  |  |  |  |
|   |  |  |  |  |  |  |
|   |  |  |  |  |  |  |
| AFFILIATION (CHECK ONE)                                   |  |  |  |  |  |  |
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| INDICATE THE REGION WHERE YOU RESIDE OR WORK IN, OR THE TEAM BEING REQUESTED  |                      |   |   |                      |      |        |        |  |  |  |
|---|----------------------|---|---|----------------------|------|--------|--------|--|--|--|
| ☐ East Region   | ☐ Mide               | dle Region  | egion   |                      |      |        |        |  |  |  |
|   |                      |   |   |                      |      |        |        |  |  |  |
| ICS POSITION INFORMATION  |                      |   |   |                      |      |        |        |  |  |  |
| Current ICS Qualifications (Position)   |                      |   | Complexity<br>(1-2-3)   | NWCG                 | US&R | AHIMTA | Other  |  |  |  |
|   |                      |   |   |                      |      |        |        |  |  |  |
|   |                      |   |   |                      |      |        |        |  |  |  |
|   |                      |   |   |                      |      |        |        |  |  |  |
|   |                      |   |   |                      |      |        |        |  |  |  |
|   |                      |   |   |                      |      |        |        |  |  |  |
| CURRENT OR PAST IMT AFFILIATION Please indicate membership in any IMT, US&R, SWRT, SWAT, EOD, or other specialized team |                      |   |   |                      |      |        |        |  |  |  |
| Team Name and Type:   | Ty                   | Type (I, 2, 3,4) or Kind of Team. <b>C</b> urrent or <b>P</b> ast C |   |                      |      |        |        |  |  |  |
| Team Name and Type:   | Ty                   | Type (I, 2, 3,4) or Kind of Team. <b>C</b> urrent or <b>P</b> ast C |   |                      |      |        |        |  |  |  |
| Team Name and Type:   |                      |   | Type (I, 2, 3,4) or Kind of Team. <b>C</b> urrent or <b>P</b> ast |                      |      |        | C<br>P |  |  |  |
|   |                      |   |   |                      |      |        |        |  |  |  |
|   | TDA                  | TAILE BOSI  | TIONS   |                      |      |        |        |  |  |  |
| TRAINEE POSITIONS Include any Currently Open Task Book(s)   |                      |   |   |                      |      |        |        |  |  |  |
| Position Mnemonic   | NWCG, AHIMTA, other? | Da  | te Issued   | % of Tasks Completed |      |        | I      |  |  |  |
|   |                      |   |   |                      |      |        |        |  |  |  |
|   |                      |   |   |                      |      |        |        |  |  |  |
|   |                      |   |   |                      |      |        |        |  |  |  |
|   |                      |   |   |                      |      |        |        |  |  |  |
|   |                      |   |   |                      |      |        |        |  |  |  |





| ICS TEAM POSITION DESIRED  Place a check next to the Incident Management Team position you are applying for. Provide course names/numbers for any applicable training courses you have completed. If applying for more than one position you must submit a separate application for each position.   |   |  |  |  |  |  |  |
|--|---|--|--|--|--|--|--|
| Ø  | Team Position   | Indicate any course(s) completed   |  |  |  |  |  |
|  | Incident Commander/ Team Leader   |  |  |  |  |  |  |
|  | Liaison Officer   |  |  |  |  |  |  |
|  | Public Information Officer  |  |  |  |  |  |  |
|  | Safety Officer  |  |  |  |  |  |  |
|  | Operations Section Chief  |  |  |  |  |  |  |
|  | Logistics Section Chief   |  |  |  |  |  |  |
|  | Planning Section Chief  |  |  |  |  |  |  |
|  | Finance/ Administration Section Chief   |  |  |  |  |  |  |
|  | Communications Unit Leader  |  |  |  |  |  |  |
|  | Resources Unit Leader   |  |  |  |  |  |  |
|  | Situation Unit Leader   |  |  |  |  |  |  |
|  | Staging Area Manager  |  |  |  |  |  |  |
|  |   |  |  |  |  |  |  |
|  | TRAINING A  | AND EXPERIENCE DOCUMENTATION   |  |  |  |  |  |
| <ul> <li>Attach a copy of your current resume detailing your training and experience</li> <li>Attach a narrative (one-page maximum) explaining your interest, experience, and education in the ICS position you are applying for</li> <li>Attach photocopies of completed FEMA Incident Command System and any other applicable courses</li> <li>Attach a letter of support from the head of your organization as indicated in "4e" of the instructions</li> </ul> |   |  |  |  |  |  |  |
|  |   |  |  |  |  |  |  |
|  |   | FIRMATION OF AVAILABILITY  |  |  |  |  |  |
| comm<br>will be<br>able to   | nitment to be available for training, exercine expected to answer calls and deploy to i | f Incident Management Teams. Submitting this application signifies a ises, and deployments. Deployments are not scheduled and a member incidents with little notice. While deployed, members likely will not be or subordinates or perform tasks for your regular employer. Do you lity? |  |  |  |  |  |





| PROFESSIONAL REFERENCES   |                              |               |                                    |                       |            |                 |     |  |  |  |
|---|------------------------------|---------------|------------------------------------|-----------------------|------------|-----------------|-----|--|--|--|
| Please provide three professional references (other than your immediate supervisor) that we may contact to support  |                              |               |                                    |                       |            |                 |     |  |  |  |
| your application for this position.   |                              |               |                                    |                       |            |                 |     |  |  |  |
| Name  |                              |               | Title                              | Agency                |            | Phone<br>Number |     |  |  |  |
| 1   |                              |               |                                    |                       |            |                 |     |  |  |  |
| 2   |                              |               |                                    |                       |            |                 |     |  |  |  |
| 3   |                              |               |                                    |                       |            |                 |     |  |  |  |
|   |                              |               |                                    |                       |            |                 |     |  |  |  |
| APPLICANT CONFIRMATION AND SIGNATURE  By signing this application, I confirm that the information contained herein is true and correct. I further understand that I may be required to provide additional and detailed information necessary to complete a background investigation and security check as part of my application process. |                              |               |                                    |                       |            |                 |     |  |  |  |
| Pr  | int Name                     | Jame Date     |                                    |                       |            |                 |     |  |  |  |
|   | oplicant<br>nature           |               |                                    |                       |            |                 |     |  |  |  |
|   |                              |               |                                    |                       |            |                 |     |  |  |  |
|   |                              | SI            | JPERVISORY APPROVALS & RECO        | MMENDATIONS           |            |                 |     |  |  |  |
|   | I concur with                | the program g | goals, commitment, and availabilit | ty of the applicant f | for the po | osition appli   | ed. |  |  |  |
| Dep   | oartment Head Na             | me            |                                    | Date                  |            |                 |     |  |  |  |
| Dept. Head Signature  |                              |               |                                    | Supervisor Title      |            |                 |     |  |  |  |
| Sup   | Supervisor comment (if any): |               |                                    |                       |            |                 |     |  |  |  |
|   |                              |               |                                    |                       |            |                 |     |  |  |  |