Incident Command Systems Training

ICS-100, ICS 200, ICS 700 & ICS 800

#### September 11—13, 2018 in Nome, AK

Application is due by August 31, 2018

*A separate application form must be completed for each person.*

Name **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Title/Job Duties **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Community/Organization **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Mailing Address **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

(City)  (State)  (Zip)

Phone  Fax

Email **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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Have you taken any of the Incident Command Systems training in the past? Please check Yes or No

When did you receive your training? Please indicate the Month/Year?

Other previous training or experience with emergency response?:

What is your role during a large emergency/natural disaster? (For example: do you respond in a defensive manner, are you capable of securing the source, will you be actively involved in cleanup, etc.)

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**Please return completed application to:**

Charlene Saclamana, Emergency Preparedness Specialist, Natural Resources Division, Kawerak, Inc. P.O. Box 948 - Nome, Alaska 99762, or fax to (907) 443-4445 or email to: [csaclamana@kawerak.org](mailto:csaclamana@kawerak.org)

If you have any questions, please call Charlene at (907) 443-4337.

#### Incident Command Systems Training

#### September 11—13, 2018 in Nome, AK

Travel Scholarship Application

If you are interested in a reimbursable travel scholarship to attend the Incident Command Systems Training, please fill out the information below. Scholarships are limited so they will be given on a first come, first serve basis. You will receive notification if you are selected to receive this scholarship.

Scholarships will be given on a *reimbursable basis* for lodging and airfare only. Special cases for pre-paid travel will be considered but not guaranteed.

Name (First, Last): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Best contact info: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Community: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Organization representing (if any): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Approximate amount needed for flight: \_\_\_\_\_\_\_\_\_\_\_\_ Appx. amount needed for lodging: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I understand that all travel arrangements will be made by me (or other party) and that Kawerak, Inc. will NOT be booking my travel.

I understand that if I am accepted, a scholarship of up to $1000 will be granted to me upon submission of receipts for lodging and airfare (no per diem). I understand any travel expense I incur will ONLY be reimbursed upon successful completion of the Incident Command systems training course, which includes attending for the full agenda all days of the course.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Participant Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Supervisor Date

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*If you are chosen to receive a scholarship you will receive this form back with a signature on the lines below indicating Kawerak, Inc. will reimburse all receipts submitted for airfare and lodging needed for the Incident Command Systems Training Workshop, up to $1000.*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Charlene Saclamana Date

Please return this to Charlene Saclamana at [csaclamana@kawerak.org](mailto:csaclamana@kawerak.org) or fax to 907-443-4445.