EMSA Mission Support Team (MST) - Basic Level Training

Student Application

Please note: Acceptance to the Mission Support Team requires willingness and ability to respond when called upon to serve on the MST. Training priority will be given to those persons meeting the requirements. All others will be placed on a waiting list.

Name: _____

Address: _____

City: _____ **State** CA _____ **Zip Code:** _____

Phone: _____

Email: _____

Current Employer: _____

Title: _____

Training & Experience (select all that apply): **NOTE - IS100 & IS200 are prerequisites.**

Incident Command Systems:

☐ **IS-100** ☐ **IS-200** ☐ **IS-300** ☐ **IS-400** ☐ **IS-700** ☐ **IS-800** ☐ **SEMS**

Mission Support Team:

☐ **EMSA** ☐ **Other** _____

Emergency Operations Center:

☐ **Command** ☐ **Logistics** ☐ **Finance/Admin** ☐ **Plans** ☐ **Operations**

Other:

☐ **Communications** ☐ **Clerical/Support** ☐ **Procurement/Contracts**

☐ **Hospital** ☐ **Clinic** ☐ **EMS**

☐ **Health Administration** ☐ **Medical Administration**

☐ **Other Volunteer Affiliations (MRC, ARC, etc.):** _____

Other training, education and/or experience that you feel would be an asset to the MST:

Explain your reasons for applying for the MST course:

What do you expect to gain from this course?

Applicant Signature: _____ **Date:** _____

Supervisor Signature: _____ **Date:** _____

Please complete the information as requested, print, sign and send to:

California EMS Authority
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Rancho Cordova, CA 95670
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michael.frenn@ emsa.ca.gov