



Commission/Committee/Workgroup Application

Name and Title: _____

Employer Agency/Department: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-mail: _____

Years with Employer Agency: _____

Other Work and Qualifications: _____

Areas of Expertise: _____

Current Position(s) with EMAP: _____

I am interested in serving on an EMAP Commission/Committee/Workgroup: *(check all of interest; however, we cannot guarantee that you will serve on a commission/committee/workgroup as membership is determined and appointed by the EMAP Commission)*

Commission

Emergency Management Program Review Committee US&R

Program Review Committee

Technical Committee

Emergency Management Standards Subcommittee

US&R Standards Subcommittee

Emergency Management Operational Standards Workgroup

US&R Operational Standards Workgroup

Provide names and contact information of two (2) professional references:

If more room is needed, please attach additional pages.

Please return completed form to emap@emap.org.