



**DIRECTOR
TIM PELLERIN**

Lincoln County

Office of Emergency Management

*P.O. Box 249, Wiscasset, Maine 04578
(physical location: 349 Bath Road)*

Phone: (207) 882-7559 ~ Fax: (207) 882-7750



**DEPUTY DIRECTOR
KIMBERLEY WHITE-KAISER**

LINCOLN COUNTY Nomination Form for ICS Position

Personal Information
Name:
Job Title/Rank:
Agency/Organization:
Phone Numbers:
Fax Number:
E-Mail:

Nominee's Supervisor Information	
Name:	
Phone Number:	
Supervisor's Statement of Endorsement:	
<i>I endorse the above named nominee for participation on the Lincoln County ICS. The agency/organization is fully prepared to support this commitment within the limits of our agency/organization's operational capacity. We understand there will be a time commitment required for participation in training, exercises, and incident deployments.</i>	
Signature: _____	Date: _____



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Briefly describe your emergency response operations experience (*use continuation form or provide attachment if necessary – may include resume*):

Please list any ICS training and other training specific to the position(s) for which you are applying (*use continuation form or provide attachment if necessary*):

Acknowledgement of Commitment

I acknowledge that selection to the Lincoln County ICS team will require a commitment of time for participation in training, exercises, and incident deployment and am fully prepared to honor this commitment.

Signature of Lincoln County ICS Applicant

Date



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CONTINUATION FORM