

SAFECOM At-Large Membership Application

Everything on this form is required to be fully completed. The Governance Committee will not review incomplete applications.

Section A: Membership Criteria

Applicants must possess the following required criteria to be considered for SAFECOM membership:

- Practical experience with communications and interoperability and the desire to learn
- Currently employed (including volunteer status) or designated by a tribal, territorial, local, or state government (*at-large members*)

Applicants must also meet one or more of the following criteria to be a member of SAFECOM (Please check all that apply and specify in the appropriate section below):

- Represent a relevant discipline within the public safety community
- Currently serve on statewide and/or regional interoperability governing body or represent an association
- Possess expertise in a specific area relevant to the public safety community that provides a specific contribution to the SAFECOM program

Section B: Personal Information

Last	First	MI	Email			
Home Address		City	ST	Zip	Preferred Phone	Alternate Phone
Organization			Title			
How did you hear about SAFECOM?						
Referred by current SAFECOM Member? <input type="checkbox"/> Yes <input type="checkbox"/> No			Referred By:			
Are you proficient in any language(s) other than English? <input type="checkbox"/> Yes, Fluent in Speaking <input type="checkbox"/> Yes, Fluent in Writing <input type="checkbox"/> No			If yes, what language?			

Section C: Applicant Profile

<p>Agency Category – Please select all that apply:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Communications Center <input type="checkbox"/> Emergency Management <input type="checkbox"/> Emergency Medical Services <input type="checkbox"/> Government Agency <input type="checkbox"/> Law Enforcement <input type="checkbox"/> Fire Service <input type="checkbox"/> PSAP <input type="checkbox"/> Other: _____ 	<p>Job Classification – Please select all that apply:</p> <ul style="list-style-type: none"> <input type="checkbox"/> 9-1-1 Coordinator <input type="checkbox"/> Emergency Management <input type="checkbox"/> Engineer/Technician <input type="checkbox"/> Information Systems <input type="checkbox"/> Manager <input type="checkbox"/> Emerging Technologies <input type="checkbox"/> Emergency Services <input type="checkbox"/> Wireless Communications <input type="checkbox"/> Public Works <input type="checkbox"/> Policy <input type="checkbox"/> Finance <input type="checkbox"/> Law Enforcement <input type="checkbox"/> Fire Service <input type="checkbox"/> Supervisor <input type="checkbox"/> Telecommunicator/Dispatcher/Administrator <input type="checkbox"/> Training & Education Coordinator <input type="checkbox"/> Statewide Interoperability Coordinator <input type="checkbox"/> Transportation <input type="checkbox"/> Wildlands <input type="checkbox"/> Grants <input type="checkbox"/> Other: _____
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Are you a member of any public safety associations? If so, please explain:

Section D: Elected Official

Are you formerly or currently serving as an Elected Official? <input type="checkbox"/> Yes <input type="checkbox"/> No (If "No," please skip to next section.)	Title
Level of Government <input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Local <input type="checkbox"/> Territorial <input type="checkbox"/> Tribal <input type="checkbox"/> Other: _____	

Section E: Tribal Representation

Are you a member of a Tribal Government? <input type="checkbox"/> Yes <input type="checkbox"/> No (If "No," please skip to next section.)	Tribal Name
Title	Location of Tribal Lands (State(s) included)

Section F: Prior Work Experience

	Current or Most Recent	Prior	Prior
Employer			
Address			
City, ST, ZIP			
Name of Immediate Supervisor			
Supervisor Telephone/Email			
Dates of Employment	From To	From To	From To
Position/Job Title			
Reason for Leaving			
May We Contact?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Section G: Education

Please indicate your educational experience, to include any trade/technical schools, university/college education, advanced degrees, etc.

Institution Name/Location	Degree/Certifications	Major/Program

List any applicable special skills, training or proficiencies.

Section H: Other Relevant Expertise

Please list any additional expertise not otherwise include on this application here (i.e., Highlight examples of your contributions/accomplishments to the public safety community):

By checking this box, I acknowledge that I have read and understand the SAFECOM Member expectations and my agency agrees to support this activity [See [SAFECOM Charter](#) for member expectations]

Disclaimer - By signing, I hereby certify that the above information, to the best of my knowledge, is correct. I understand that falsification of this information may prevent me from being selected or lead to my dismissal if selected. I also provide consent for former employers to be contacted regarding work records.

Signature

Date