



Training and Skills Inventory



NAME (LAST, FIRST MIDDLE, SUFFIX)						CHAPTER <input type="checkbox"/> Calhoun <input type="checkbox"/> Pleasants <input type="checkbox"/> Ritchie <input type="checkbox"/> Roane <input type="checkbox"/> Wirt <input type="checkbox"/> Wood							
PHONES (CHECK PREFERRED CONTACT NUMBER) <input type="checkbox"/> HOME <input type="checkbox"/> WORK <input type="checkbox"/> CELL						E-Mail Address							
ADDRESS NUMBER AND STREET						CITY		STATE		ZIP			
PROFESSIONAL LICENSE/CERTIFICATION (MD, RN, LPN, PARAMEDIC, EMT, etc.)						NUMBER		EXPIRES					
AMATEUR CLASS/CALLSIGN				EXPIRES		UNIT ID		WILLING TO RESPOND TO: (OR HOW MANY MILES) <input type="checkbox"/> Calhoun <input type="checkbox"/> Pleasants <input type="checkbox"/> Ritchie <input type="checkbox"/> Roane <input type="checkbox"/> Wirt <input type="checkbox"/> Wood <input type="checkbox"/> Pleasants <input type="checkbox"/> Jackson <input type="checkbox"/> Tyler					
TRAINING COMPLETED (PROVIDE COPIES OF CERTIFICATES TO REGIONAL ADMIN CHIEF)						SKILL LEVEL - 0 1 2 3 4 5 +							
DATE		NIMS/ICS/G-COURSE				Firefighting <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>							
		IS-100: Intro to the Incident Command System				Medical/1st Aid <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>							
		Pease check IS-100 specialties: <input type="checkbox"/> HC <input type="checkbox"/> LE <input type="checkbox"/> PW <input type="checkbox"/> SC				Search/Rescue <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>							
		IS-200: ICS for Single Resources / Initial Action Incidents				Transportation <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>							
		IS-300: Intermediate ICS for Expanding Incidents				Documentation <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>							
		IS-317: Introduction to CERT				Communication <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>							
		IS-400: Advanced Incident Command System				Please describe any other training, experience, or trade appropriate to CERT (e.g.; carpenter, electrician, mechanic, heavy equipment, CDL, ATV, boat, diver, etc.)							
		IS-700: NIMS, An Introduction											
		IS-800: National Response Framework, An Introduction											
Additional NIMS/ICS/DHS Courses Completed*													
Date	Number	Date	Number	Date	Number							Date	Number
OTHER TRAINING/EXPERIENCE													
Date	Expires	Training/Experience	Date	Other									
		CERT											
		ARES											
		RACES											
		Volunteer Reception Center											
		First Aid, Standard											
		First Aid, Advanced											
		First Aid, Psych											
		First Responder											
		CPR											
		Automated External Defib.											
		Firefighter											
		Food Handler											
		Law Enforcement / Security											