

DEPARTMENT LETTERHEAD

Date

Sonoma County Incident Support Team Appointment

Chief Name

Department

Address

I would like to place _____ *Name of Appointee* _____ to the Sonoma County Incident Support Team (IST).

I understand this is a voluntary position and my employee will be subject to all rules and compensation requirements specified by our department.

The Sonoma County Fire Chiefs Association nor the jurisdiction making the request for assistance will not be responsible for any compensation that may incur from participation on the IST. IST members respond according to standing mutual aid agreements.

This department will support our appointee subject to operational demands.

Appointees Name _____ Rank _____

Contact address _____

Phone # _____ Cell # _____ Pager# _____

Fire Chief