Application to Volunteer with the Federal Emergency Management Agency (FEMA) Surge Capacity Force (SCF)

Please read the eligibility requirements (*) below before completing this form.

Employee Information:

Name (Last, Fi	rst, MI):		
Bureau (Office	e/Division):		
Job Series:		Org Code:	
Hire Date:		FLSA Exempt: (Y or N):	
Work Email Address:		Work Phone Number:	
Personal Email Address:		Personal Phone Number:	
Emergency Co	ontact: Name (Last, First MI):		
Phone Numbe	er:		
*Eligibility Re	quirements		
 Hold a Posses Have s No red Submi 	and below Federal employees (Contract valid PIV Identification Badge as a Government-Issues Travel Card supervisory approval to deploy up to 45 cent conduct issues (within the last 2 year proof of completion of the following material Workplace Harassment Prevention for Records Management Training Insider Threat Training Privacy in DHS (This training will be given Virtual Surge Capacity Force Orientation)	days ars) nandatory training courses: Federal Employees 2.0 en upon deployment at the PMC)	
Employee Info	ormation:		
Signature and	Date:		
Supervisory C	ertification:		
	s document, I certify that there are no pent opportunity.	erformance or conduct issues and I fully support	
Supervisor Signature and Date:			

Click here for application submission instructions:			
Bureau Surge Capacity Force POC			
Signature and Date:			
Commerce Surge Capacity Force Program Manager			
Approve	Disapprove		
Signature:			

Please submit complete application to: $\underline{SurgeCapacityForceProgram@doc.gov}$