



East Baton Rouge Parish
**MAYOR'S OFFICE OF HOMELAND SECURITY
AND
EMERGENCY PREPAREDNESS**

Special Assistance Team Application

Personal Information

First Name:		MI:	Last Name:		Birthday (MM/YY):	
Job Title:						
Place of Employment:						
Home Address:			City:		State:	Zip:
Telephone Numbers:	Home:		Work:		Fax:	
	Cell:					
Email Address:						

Employment Information/Departmental Approval

Supervisor		First Name:		MI:	Last Name:	
Address:			City:		State:	Zip:
Telephone Numbers:	Work:		Fax:		Pager:	
	Cell:					
Email Address:						

*** All team members must have the approval of their department for participation ***

Supervisor's Signature: _____ Date: _____

Additional Training Completed

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