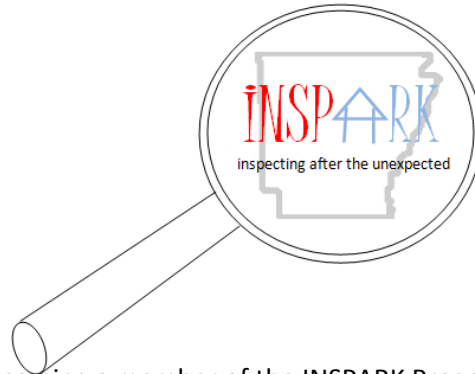


INSPARK Membership Data Sheet



Thank you for your interest in becoming a member of the INSPARK Program. This data sheet should take less than 15 minutes to complete. Please fill out all sections of this form. Upon completion, you will be notified of your status as soon as possible.

All fields of this form are required. If portions of this form are missing, your information may be rejected or the processing time may significantly increase. Please ensure all information is as up to date as possible, as the information provided on this form will be used to send you periodic program updates, training announcements and disaster deployment information.

Contact Information

First Name

Last Name

Address

City

County

State

Zip Code

Email Address

Primary Telephone Number

Secondary Telephone Number

Preferred Method of Contact Mail Email Telephone Text

Professional Experience and Background

1. Professional background

Please mark your professional background from one of the following choices. Please only select one choice.

- Licensed Architect or Professional Engineer (Structural by experience or discipline)
- Licensed Architect
- Licensed Professional Engineer
- Intern or Apprentice Engineer or Architect
- Licensed Contractor
- Non-licensed Building Inspector or code official
- Trade Experience in Construction
- Other

2. Experience

Please select the amount of experience you have performing the above listed background duties

- Less than 5 years
- More than 5 years but less than 10
- More than 10 years

3. Provide a brief written description of the experience you have in your profession and at what capacity. Please include information regarding special projects or management experience.

4. Professional License Number (if none, please indicate "none")

State of Licensure

Type of License

5. Other experience to be considered (check all that apply):

- Supervisory experience
- Project management
- Disaster deployment
- Emergency Management
- First Aid/CPR
- Other

6. Professional Membership

- American Council of Engineering Companies (ACEC)
- American Institute of Architects (AIA)
- American Society of Civil Engineers (ASCE)
- Associated General Contractors of Arkansas (AGC)
- Society of American Military Engineers (SAME)
- Arkansas Society of Professional Engineers (ASPE)
- Structural Engineers Association of Arkansas (SEAoAR)
- Other
- None

Completed Training

1. Completed INSPARK Approved Training

- ATC-20 Post Earthquake Safety Evaluations
- ATC-45 Post Wind/Flood Safety Evaluations
- Both of the above
- None Yet
- Other _____

2. Date of Most Recent Training: _____

3. Location of Most Recent Training: _____

4. FEMA Independent Study Courses

- IS100 – Incident Command System (ICS)
- IS200 – ICS for Single Recourses and Initial Action Incidents
- IS700 – National Incident Management System (NIMS)
- IS800 – National Response Framework (NRF)
- Other _____

5. Additional Training Pertinent to Emergency Management or Building Inspection

INSPARK Deployment Considerations

1. Do you have previous deployment experience? Yes No

If you answered yes, briefly describe your missions and functions of the deployments

2. Are you willing to do building assessments after a disaster?

- I am willing and able to do building assessments
- I am not able to do building assessments but would like to help in other ways
- I am not willing and/or able to perform building assessments, but would like to gain educational value from this program

3. Are you willing to travel outside of the State of Arkansas to perform building assessments through the Emergency Management Assistance Compact? Yes No

4. Please indicate any additional information to be considered when reviewing your information including potential medical conditions that may interfere with your deployment and/or ability to assess structures without proper accommodation.

Thank you again for your time and consideration to help the people of Arkansas and those adversely affected by disaster. Please remember that information within this form can be updated at any time by contacting the Arkansas Department of Emergency Management. If you have any questions regarding this form or the INSPARK Program, please contact the Earthquake Program Manager at the Arkansas Department of Emergency Management.