



STANISLAUS OPERATIONAL AREA (XST)
CICCS CERTIFICATION & QUALIFICATION SURVEY FORM 2023



You are receiving this survey because you have applied for and been selected through the Stanislaus Operational Area (XST) Peer Review Committee (PRC) process for inclusion on the Certified & Qualified CICCS Positions list for the 2023 fire season. If you are not prepared to serve this year, please indicate your intent in Section 3.

SECTION 1

I meet the following requirements: Yes No

- I have authorization from my department to serve in this capacity.
- I have access to the required equipment & vehicle for my position(s).
- I am prepared to make an extended commitment of 14+ days for Overhead & Strike Team assignments.
- I have attended / will attend a CICCS Refresher on _____ (Date Required)

SECTION 2

Please check the following category that best describes your capabilities at this time.

- I am prepared to be deployed as a Strike Team Leader / Task Force Leader (STEN / TFLD)
- I am prepared to be deployed as a Strike Team Leader / Task Force Leader - Trainee (STEN-T / TFLD-T)
- I am prepared to be deployed as a Division / Group Supervisor (DIVS)
- I am prepared to be deployed as a Fireline EMT (EMTF)
- I am prepared to be deployed as a Fireline Paramedic (EMPF)
- I am prepared to be deployed as Public Information Officer (PIOF, PIO2, PIO3)
- I am prepared to be deployed as Area Rep (AREP)
- I am prepared to be deployed as _____ (Position Title)

SECTION 3

If you are not prepared to serve in your position, please check the following category that best describes your intent at this time.

- I cannot serve as _____ (Position Title) at this time.
- I do not plan to serve as _____ (Position Title) but wish to remain active on the list for next year.
- I no longer have any intention of serving in my position and would like my name removed from any subsequent consideration.

Return this form by May 22, 2023 to:

Stanislaus County Fire Warden (CICCS)
Casi Persons
Email: cpersons@stanoes.com
3705 Oakdale Rd.
Modesto, CA 95357

PLEASE PRINT THE FOLLOWING INFORMATION:

Name: _____ Agency: _____

Cell Phone: _____ Home/Work Phone: _____

E-mail address: _____

Signed: _____ Date: _____

Chief Signature: _____ Date: _____

(Chief signature required)