

## Critical Services Provider Organization Application

This form is used for organizations who wish to obtain approval from Jackson/Teton County Affordable Housing Department so that their emergency services employees or volunteers will be eligible to receive preference for homes in Housing Department lotteries.

Name of Organization: \_\_\_\_\_

Address: \_\_\_\_\_

Mission Statement of Organization:

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Contact Person (Supervisor)

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

1. Does your organization provide immediate response for health and safety services?

Yes  No

If yes, please explain. If no, you can stop here.

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2. Please provide a real life example of a time that your organization provided emergency response for a public safety emergency.

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3. Does your organization have paid employees or volunteers who are on call 24 hrs/day for public safety emergencies?  Yes  No

4. If you answered Yes to the above question, please provide job titles, provide a brief job description and required certification along with time to complete certifications for those positions. Please do this for each job position. (Use a separate sheet if needed).

Job Title \_\_\_\_\_

Required Certification(s)

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Time it takes to complete certification(s) \_\_\_\_\_

Job Description

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Job Title \_\_\_\_\_

Required Certification(s)

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Time it takes to complete certification(s) \_\_\_\_\_

Job Description

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Job Title

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Required Certification(s)

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Time it takes to complete certification(s) \_\_\_\_\_

Job Description

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Job Title

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Required Certification(s)

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Time it takes to complete certification(s) \_\_\_\_\_

Job Description

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Job Title \_\_\_\_\_

Required Certification(s)

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Time it takes to complete certification(s) \_\_\_\_\_

Job Description

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5. How does having the employees who fill the above positions living locally in Teton County affect your organization?

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Name (printed)

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Job Title

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Signature

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Phone

Please print this application and complete the signature lines. Scan and email back to [bjennings@tetonwyo.org](mailto:bjennings@tetonwyo.org), fax to 734-3864, or mail to JTCAHD, P.O. Box 714, Jackson, WY 83001

This application will be considered by the Jackson Town Council and the Board of County Commissioners at their regular board meetings following receipt of the completed application. You will be notified in writing of their decision.