

Preparedness Field Assignee (PFA)

Host Site Application Template

Host Site Profile

Primary Application Contact

Primary Contact Name:	
Primary Contact Email:	
Primary Contact Role/Position:	
Office Phone Number:	
Alternate Email:	
Mobile Number:	

Public Health Agency Details

Organization Name:	
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Position Assignment Location

Is the Position Assignment Location the same as the Public Health Agency Location?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Physical Address:	
Address Line 2:	
Address Line 3:	
Suite, Room:	
Country:	
State/Territory:	
State/Province:	
City:	
Zip Code:	

Please describe in detail your need for a Preparedness Field Assignee (PFA):			
Position Description: Please briefly describe the position (this will be shared with the PFA after selection). (250 word limit)			
Describe how the assignee will primarily work with others as part of a team, independently, coordinating, or leading activities, or with external stakeholders.			
Select the priority area(s) the PFA will be working in for the majority of their assignment:	Capability 1. Community Preparedness	<input type="checkbox"/>	<input type="checkbox"/>
	Capability 2. Community Recovery	<input type="checkbox"/>	<input type="checkbox"/>
	Capability 3. Emergency Operations Coordination	<input type="checkbox"/>	<input type="checkbox"/>

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	Capability 4. Emergency Public Information and Warning	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Capability 5. Fatality Management	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Capability 6. Information Sharing	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Capability 7. Mass Care	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Capability 8. Medical Countermeasure Dispensing and Administration	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Capability 9. Medical Materiel Management and Distribution	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Capability 10. Medical Surge	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Capability 11. Nonpharmaceutical Interventions	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Capability 12. Public Health Laboratory Testing	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Capability 13. Public Health Surveillance and Epidemiological Investigation	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Capability 14. Responder Safety and Health	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Capability 15. Volunteer Management	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Host Site Supervisors: Primary Supervisor

Primary Supervisor	Contact Information
Full Name:	
Title:	
Primary Email:	
Primary Phone Number:	

Host Site Supervisor: Secondary Supervisor

Secondary Supervisor	Contact Information
Full Name:	
Title:	
Primary Email:	
Primary Phone Number:	