

I would like to be on the Airport Response Team!

Name: _____
 Title: _____
 Division: _____
 Work location: (i.e. Skyview, Admin East, Admin West, etc.) _____
 Regular work shift (day/swing/graveyard) _____
 Work email _____ Personal email _____
 Work office phone _____ Work cell phone _____
 Personal cell phone _____ Home phone _____
 What city do you live in? _____ How many miles is your home from LAX? _____
 Do you speak other languages? Yes No If so, please list: _____
 Do you know sign language? Yes No
 Do you have any concerns about standing or walking for long periods of time? Yes No
 Do you have immediate access to a City vehicle? Yes No
 Have you received Community Emergency Response Team (CERT) training? Yes No

Badge Information:

What color is your badge? _____
 Do you have an escort icon? Yes No Do you have a driver's icon? Yes No
 Do you have a Customs icon? Yes No Do you have an Air Traffic Control icon? Yes No

On a scale of 1 to 10 (10 being extremely experienced and extremely skilled), please rank your experience and skills in the following areas:

Emergency Response	1	2	3	4	5	6	7	8	9	10
First Aid	1	2	3	4	5	6	7	8	9	10
Verbal Communications	1	2	3	4	5	6	7	8	9	10
Written Communications	1	2	3	4	5	6	7	8	9	10
Computer Skills	1	2	3	4	5	6	7	8	9	10
Interpersonal Skills	1	2	3	4	5	6	7	8	9	10
Customer Service	1	2	3	4	5	6	7	8	9	10

I am offering to be a Zone or Team Lead: Yes No
 I prefer to work in: T1 T2 T3 TBIT T4 T5 T6 T7/8
 Any special skills that might be helpful? _____

Comments/Questions: _____

FOR LAWA EMPLOYEES - SUPERVISORY APPROVAL

I am aware that the above employee would like to be on the LAWA Airport Response Team and approve his/her participation in training and during incidents and emergencies.

Supervisor (print) _____
 Supervisor (signature) _____ Date _____

FOR NON-LAWA EMPLOYEES - SUPERVISORY APPROVAL

I am the supervisor for the above employee who is a consultant/contractor for Los Angeles World Airports. I understand that this employee would like to be on the LAWA Airport Response Team and I approve his/her participation in training and during incidents and emergencies.

Company Name _____ Authorized Agent/Supervisor (print) _____
 Supervisor (signature) _____ Date _____

Please email this completed form to: airportresponseteam@lawa.org. Any questions or comments contact Guest Services Division, 424-646-8471.

