SJOA HEALTHCARE COALTION PARTICIPANT AGREEMENT

IN WITNESS WHEREOF, the undersigned agrees assign personnel to actively participate in the San Joaquin Operational Area Healthcare Coalition.

The undersigned further agrees to:

- Share information in accordance with SJOA Healthcare Coalition Emergency Operations Plan
- Share available resources, in accordance with the SJOA Healthcare Coalition Mutual Aid MOU
- Incorporate the SJOA Healthcare Coalition Emergency Operations Plan into your agency/organization Emergency Operations Plan, policies and procedures
- Participate in all applicable SJOA Healthcare Coalition sponsored preparedness exercises
- Work cooperatively with other SJOA Healthcare Coalition member agencies and organizations to improve the Healthcare Preparedness and Response Capabilities within San Joaquin County

_____
Agency/Organization Name

_____
Address

_____ _____ _____
City *State* *Zip Code*

By: _____
Name[1]

_____
Title

_____ _____
Signature *Date*

_____
Work Phone

_____
Work Email

[1] Agency or organization executive leader

Medical/Health Multi-Agency Coordination (Med MAC) Group Representative(s)[2]:

Name	Title
Main Work Phone	Work Cell Phone[3]
Work Email	
Name	Title
Main Work Phone	Work Cell Phone[15]
Work Email	
Name	Title
Main Work Phone	Work Cell Phone[15]
Work Email	
Name	Title
Main Work Phone	Work Cell Phone[15]
Work Email	
Name	Title
Main Work Phone	Work Cell Phone[15]
Work Email	

[2] Med MAC Group members are executive level leaders that are fully authorized to act on behalf of their agency or organization.
[3] Required in order to receive CAHAN alert text messages

Name	Title
Main Work Phone	Work Cell Phone
Work Email	

Name	Title
Main Work Phone	Work Cell Phone
Work Email	

Emergency Preparedness Committee (EPC) Representative(s)[4]:

Name (Primary)	Title
Main Work Phone	Work Cell Phone
Work Email	

Name (Secondary)	Title
Main Work Phone	Work Cell Phone
Work Email	

Submit the signed agreement form to:

San Joaquin County Emergency Medical Services Agency
P.O. Box 220
French Camp, CA 95231
Attn: HCC Readiness and Response Coordinator
OR, email the digitally signed agreement form to: emsdutyofficer@sjgov.org

[4] Participate in monthly EPC meetings