

**Public Assistance Liaison  
APPLICATION**

**NAME:** \_\_\_\_\_  
LAST FIRST MIDDLE INITIAL

**MAILING ADDRESS:** \_\_\_\_\_  
STREET ADDRESS  
\_\_\_\_\_  
CITY STATE ZIP CODE

**COUNTY OF RESIDENCE:** \_\_\_\_\_ **TELEPHONE NUMBER:** \_\_\_\_\_

**E-MAIL ADDRESS:** \_\_\_\_\_

**PLEASE PROVIDE THE FOLLOWING INFORMATION:**

DATE RETIRED FROM STATE SERVICE: \_\_\_\_\_

AGENCY RETIRED FROM: \_\_\_\_\_

TITLE OF LAST POSITION HELD: \_\_\_\_\_

TYPES OF EXPERTISE: \_\_\_\_\_

**AVAILABLE YEAR-ROUND:**     Yes     No    (THIS WILL NOT AFFECT YOUR PLACEMENT IN THE POOL)

**IF NO, MONTHS USUALLY NOT AVAILABLE:** \_\_\_\_\_

**PLEASE SEND COMPLETED APPLICATION TO:**

**New York State Emergency Management Office  
Recovery Section  
1220 Washington Avenue  
Building 22 – Suite 101  
Albany, NY 12226-2251**