

## San Joaquin Operational Area Healthcare Coalition Participation Agreement

IN WITNESS WHEREOF, the undersigned agrees to participate in the San Joaquin Operational Area Healthcare Coalition as a member of the following functional group(s):

- Medical/Health Multi-Agency Coordination (Med MAC) Group
- Emergency Preparedness Committee (EPC)
- Healthcare Coalition Memorandum of Understanding (MOU)

The undersigned further agrees to:

- Share information in accordance with Section IV of the Healthcare Coalition Governance
- Incorporate the Healthcare Coalition Governance into Emergency Operations Plans, policies and procedures
- Work cooperatively with other Healthcare Coalition member agencies/organizations to improve the Healthcare Preparedness Capabilities in the San Joaquin Operational Area

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*Agency/Organization Name*

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*Address*

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*City*

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*State*

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*Zip Code*

By:

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*Name<sup>1</sup>*

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*Signature*

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*Date*

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*Title*

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*Telephone Number*

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*Email Address*

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<sup>1</sup> Authorized by the agency/organization to sign this agreement

## **San Joaquin Operational Area Healthcare Coalition Participation Agreement**

Submit the original agreement signature page to:

San Joaquin County Emergency Medical Services Agency  
P.O. Box 220  
French Camp, CA 95231  
Attn: HPP Coordinator