

**To be completed by an appointed Officer of the Ohio Special Response Team, Inc**

**APPLICANT REVIEW**

PRIVACY ACT STATEMENT

1. Authority: Ohio Special Response Team conducting officer of Review Board. Dtd. 25Nov08
2. Principal purpose: To record proceedings of applicant Interview.
3. Routine uses: Application for membership.
4. Disclosure: Voluntary. If an individual does not provide the information requested membership may be denied.

APPLICANT'S NAME (print): \_\_\_\_\_ DATE: \_\_\_\_\_

Are you capable of taking the required training? .....YES NO

Do you have the time to invest? .....YES NO

Can you financially afford to be a member? .....YES NO

Will there be a conflict with family or work? .....YES NO

Are you physically able to participate at the level required for the position you are seeking? .....YES NO

What do you expect from the OSRT?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you understand that as a member of the organization you will never self-deploy and that deployment will only be by your supervisor or an officer of OSRT, Inc. ....YES NO

Do you understand before acceptance as a member you must provide, at your expense, a background check to OSRT, Inc Headquarters sent from the Ohio Bureau of Criminal Identification and Investigation or equivalent sent from your current employer if a back ground check is required for employment (BCI must have been within the last 90 days)? .....YES NO

Do you have any questions? ..... YES NO

Have your questions been answered satisfactorily? ..... YES NO

**Membership Fee:** (Application's Dated) Jan-Feb-March \$60.00 Apr-May-Jun \$50.00  
(Fee will be reimbursed if a negative Jul-Aug-Sep \$40.00 Oct-Nov-Dec \$75.00\*  
BCI is received) \*Includes next yr dues

**Applicant Signature:** \_\_\_\_\_

**Reviewer Print Name:** \_\_\_\_\_

**Reviewer Signature:** \_\_\_\_\_

Rank - First Name - Last Name - PIN