



# OHIO SPECIAL RESPONSE TEAM, INC.

## Headquarters

597 Park Ave. East  
Mansfield, OH 44905  
Telephone 419/528-0041  
E-Mail: [osrtinc@yahoo.com](mailto:osrtinc@yahoo.com)

New Member  
 Member's Update

### MEMBERSHIP APPLICATION

Please Print:

#### 1.0 PERSONAL INFORMATION.

Full Name: Last \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_  
Date of Birth: Day \_\_\_\_\_ Month \_\_\_\_\_ YR \_\_\_\_\_ SSN# \_\_\_\_\_  
Sex: M F Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hair: \_\_\_\_\_ Eyes: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_

#### 2.0 EMPLOYMENT

Retired  or Employer's Name \_\_\_\_\_  
Employer's Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Brief Description: \_\_\_\_\_  
of Current Job: \_\_\_\_\_

#### 3.0 MARITAL STATUS

Single  Married  
Spouse's Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

#### 4.0 OTHER EMERGENCY CONTACT:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

#### 5.0 EDUCATION HISTORY:

High School Graduate or GED: YES NO Last Grade Completed: \_\_\_\_\_  
Colleges Attended: \_\_\_\_\_  
Number of Years Completed: \_\_\_\_\_ Degree Earned: YES NO  
List Degree(s): \_\_\_\_\_

#### 6.0 ARRESTS HISTORY, if any

Do you have any misdemeanor convictions other than minor traffic tickets? YES NO  
If yes, please explain: \_\_\_\_\_

Do you have any felony convictions? YES NO If yes, please explain \_\_\_\_\_

**7.0 AFFILIATIONS.**

ARE YOU NOW OR HAVE YOU EVER BEEN AFFILIATED WITH ANY ORGANIZATION, ASSOCIATION, MOVEMENT, OR GROUP WHICH ADVOCATES THE OVERTHROW OF THE CONSTITUTIONAL FORM OF THE GOVERNMENT OF THE UNITED STATES OR SEEKS TO OVERTHROW THE GOVERNMENT OF THE UNITED STATES BY UNCONSTITUTIONAL MEANS?

\_\_Yes \_\_No

**Applicant Initials** \_\_\_\_\_

**8.0 TRAINING EXPERIENCE RELATED TO SEARCH AND RESCUE**

**8.1 General Training/Experience**

Do you have experience or training in any of the following areas: (check those that apply) ENCLOSE SUPPORTING CERTIFICATIONS.

	AED/CPR		Land Navigation		FEMA Course IS100
	American Sign Language		Helicopter/Landing Zone		“ “ IS102
	Aviation Safety		Light Urban SAR		“ “ IS200
	Basic First Aid		Man Tracking		“ “ IS271
	Blood Borne Pathogens		SEARCH & RESCUE K9		“ “ IS393
	Emergency Medical Tech		Unmanned Aerial Vehicle		“ “ IS700
	Evidence Preservation		Weather Spotter-NOAA		“ “ IS800
	Global Positioning GPS		Wide Area Search		“ “ G300
	Low Angle Rope Rescue		Wilderness SAR		“ “ G400

**8.2 Member of a Team**

Have you ever been a member of any other Search and Rescue team, and/or EMS Agency?

If yes, please list agency/team name(s), dates of service and reason leaving (if applicable):

\_\_Yes \_\_No

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

**8.3 Other Certifications.**

List any other training and/or certifications that may be beneficial to OSRT. Provide copies.

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

**8.4 Peace Officer.**

Are you a certified Peace Officer with the State of Ohio?

\_\_Yes \_\_No

If yes, please state agency name: \_\_\_\_\_

**9.0 INSURANCE**

**9.1 Auto Insurance – I understand that I must have liability insurance per Ohio Revise Code Section 509.101. Name of insurer:** \_\_\_\_\_

\_\_Yes \_\_No

**9.2 Medical Insurance – I understand that I must have personal medical insurance to be a member. OSRT carries medical insurance which will be secondary to your personal medical policy. Name of personal insurer:** \_\_\_\_\_

\_\_Yes \_\_No

**9.3 Liability Protection**

**9.3.1 The organization carries Liability Instance.**

**9.3.2 In addition, liability protection is provided in the Ohio Admin Code 121:40-1-04,**

## 10.0 MEDICAL

A Report of Medical History OSRT form 30-3 must be attached with application. Attached  Yes  No

A current Tetanus inoculation record is required and must be attached with application. Attached  Yes

Are there any medical conditions that may prevent you from participating in physical Situations – carrying an equipment pack and hiking in rough terrain?  Yes  No

If Yes please explain: \_\_\_\_\_

## 11.0 SUPPORTING THE ORGANIZATION

11.1 Fund Raising –The organization must have funds in order to stay in operation. Consequently OSRT sponsors fund raising events, I pledge to assist in fund raising. Initials \_\_\_\_\_

11.2 Field Training - I understand the requirements to attend the OSRT annual field training and search and rescue training events – failure to attend these may be cause for release from the unit unless excused by the Executives Committee  Yes  No

11.3 Training-following acceptance the new member will be enrolled in the search and rescue training.

11.4 Email a current color picture (head/shoulders) of yourself for OSRT I.D. card to [osrtspecial70@yahoo.com](mailto:osrtspecial70@yahoo.com) Required  Yes

## 12.0 CONTACTING OSRT.

12.1 Why do you wish to become a member of the Ohio Special Response Team?

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

12.2 How did you hear about OSRT?

Literature  Facebook  OSRT Web Site  OSRT Open House  Friends  
 OSRT Member  Other \_\_\_\_\_

## 13.0 STATEMENT OF UNDERSTANDING

13.1 understand that the Ohio Special Response Team is a volunteer organization offering no monetary compensation to its members. I am aware that team call-outs occur at any time of the day or night and often in adverse weather conditions. By applying for membership, I pledge to fully participate in scheduled training and respond to team missions or risk losing my member status. I also allow Officers of the OSRT to conduct a full background check, criminal history check and contact any or all references prior to becoming a member of OSRT. I understand there will be a Membership Fee, due after the Application Review process.

13.2.1 This statement is intended to inform potential members of the *OHIO SPECIAL RESPONSE TEAM, Inc.* (and their dependents) of the possible risks, hazards and adverse environments associated with search and rescue activities. It must be understood that this statement is only general in nature and that unforeseen accidents can and do occur.  Yes  No

13.2.2 The following are examples of potential adverse environments, risks, hazards that may be encountered when participating in Missions, Events and Training activities.  Yes  No

13.2.3 Extreme weather - Hypothermia/Heat stroke, Contaminated water, High altitude environments, Animals/Insects, Ankle/Foot/Leg injuries, Falls, Sharp objects, Equipment failure, Severe injury.  Yes  No

13.2.4 You need to understand that YOU make the final decisions concerning your own safety. You have the responsibility to inform the team leader(s), instructor(s), or fellow members anytime you encounter a situation that you feel would be too hazardous for you to participate in. At no time will you be forced into an activity that you feel is unsafe or above your present skill level. Initials \_\_\_\_\_

**14.0 DISCLAIMER**

**14.1** *The fact that an applicant meets all requirements given in this application, it shall not be considered to confer any right or privilege of acceptance. These requirements are a minimum only and all applicants are subject to possible rejection during the member selection and approval process. For example applicants may not be accepted if their background, history and/or behavior may be disruptive and/or detrimental to the smooth operation of the organization.*

**15.0 PRIVACY PERSONAL INFORMATION**

**15.1** *Your SSN is used for internal purposes only - for this application and background checks. All other uses of your SSN are considered to be illegal and will not be used or given to any outside agencies without your written consent. If accepted for membership a Personal Identification Number (PIN) will be assigned to you.*

**16.0 OHIO RESPONSE**

**16.1** *On your acceptance you will be required to register within 30 days with the Ohio Response. Further information will be provided following acceptance. The Ohio Response is a data base of volunteer emergency responders maintained by State of Ohio.*

**17.0 REFERENCES.**

Please list 2 references names, addresses and phone numbers, other than relatives.

1. \_\_\_\_\_

2. \_\_\_\_\_

**18.0 SIGNATURES.**

**18.1 SPOUSE’S SIGNATURE**

I have read the 13. 0 Statement of Understanding, and understand that search and rescue activities can be hazardous. I support my spouse’s decision to become a member of the *Ohio Special Response Team*

Please Print: \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_  
First Name - MI - Last Name

**18.2 APPLICANT.** “I agree to participate in fund raising efforts conducted for the benefit of the organization.” “I certify that the above information is true and correct to the best of my knowledge.”

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**19.0 MAIL COMPLETED APPLICATION TO:** Ohio Special Response Team, Inc Headquarters  
Attn: Administration Section Chief  
PO Box 1176  
Mansfield, OH 44901-1176

**20.0 ACCEPTANCE**

If your application has been accepted you will receive via the US Mail a Welcome Letter, letter of assignment, instructions for registering with Ohio Responds, and letter requesting dues payment. Submit a Check or Money Order to cover membership fee. The amount will be indicated in the letter.