



Ohio Special Response Team, Inc
MEMBERSHIP APPLICATION

Applicant's Full Name: _____

Date of Birth: _____ SSN# _____

Sex: M F Height: _____ Weight: _____ Hair: _____ Eyes: _____

Home Address: _____

Home Phone: _____ Work: _____ Cell: _____

E-Mail Address: _____

Work Name _____

Address _____

City _____ State _____ Zip Code _____

Brief Description: _____

Of Current Job: _____

Marital Status: Single Married

Spouse's Name: _____

Address: _____

Home Phone: _____ Cell: _____

OTHER EMERGENCY CONTACT:

Name: _____ Relationship: _____

Address: _____

Home Phone: _____ Work: _____ Cell: _____

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): _____

Are you a certified Peace Officer with the State of Ohio? YES NO

If yes, please state agency name: _____

CRIMINAL HISTORY:

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 _____

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 _____

SEARCH AND RESCUE HISTORY:

SAR Certification: YES NO Certifying Agency: _____
 Certification Date: _____ Certification Level: _____

Do you have experience or training in any of the following area's: (check those that apply)

<input type="checkbox"/>	AED/CPR	<input type="checkbox"/>	LAND NAV	<input type="checkbox"/>	TRENCH AWARENESS
<input type="checkbox"/>	AMERICAN SIGN LANGUAGE	<input type="checkbox"/>	LANDING ZONE	<input type="checkbox"/>	TRAFIC CONTROL
<input type="checkbox"/>	AVIATION SAFETY	<input type="checkbox"/>	LIGHT URBAN SAR	<input type="checkbox"/>	
<input type="checkbox"/>	AMATUER RADIO OPERATOR	<input type="checkbox"/>	LOST PERSON BEHAVIOR	<input type="checkbox"/>	WEATHER SPOTTER-NOAA
<input type="checkbox"/>	BASIC FIRST AID	<input type="checkbox"/>		<input type="checkbox"/>	WIDE AREA SEARCH
<input type="checkbox"/>	BLOOD BORNE PATHOGENS	<input type="checkbox"/>	MAN TRACKING	<input type="checkbox"/>	WILDERNESS SAR I, II, III
<input type="checkbox"/>	CISD	<input type="checkbox"/>	MLPI	<input type="checkbox"/>	
<input type="checkbox"/>	CONFINED SPACE	<input type="checkbox"/>	OSHA RESPIRATORY	<input type="checkbox"/>	FEMA COURSES
<input type="checkbox"/>	COMMUNICATIONS	<input type="checkbox"/>		<input type="checkbox"/>	IS230
<input type="checkbox"/>	EVIDENCE PROTECTION/REC	<input type="checkbox"/>	PRELIMINARY DAMAGE ASS	<input type="checkbox"/>	IS100
<input type="checkbox"/>	ELT	<input type="checkbox"/>		<input type="checkbox"/>	IS102
<input type="checkbox"/>	EMT	<input type="checkbox"/>	RISK ASSESSMENT	<input type="checkbox"/>	IS200
<input type="checkbox"/>	ENVIRONMENTAL HAZARDS	<input type="checkbox"/>	RESCUE/RECOVERY DIVE	<input type="checkbox"/>	IS201
<input type="checkbox"/>	FUNSAR	<input type="checkbox"/>		<input type="checkbox"/>	IS700
<input type="checkbox"/>	GLOBAL POSITIONING	<input type="checkbox"/>		<input type="checkbox"/>	IS800
<input type="checkbox"/>	HAZMAT AWARENESS	<input type="checkbox"/>	SEARCH & RESCUE CANINE	<input type="checkbox"/>	IS809
<input type="checkbox"/>	HELIO SAFETY AWARENESS	<input type="checkbox"/>	SECURITY OPERATIONS	<input type="checkbox"/>	G300
<input type="checkbox"/>	HIGH ANGLE ROPE RESCUE	<input type="checkbox"/>	STRUCTURAL COLLAPSE	<input type="checkbox"/>	G400
<input type="checkbox"/>	HAM TECHNICIAN/GENERAL	<input type="checkbox"/>	SWIFT WATER OPERATION	<input type="checkbox"/>	

Have you ever been a member of any other Search and Rescue team, Fire Department or EMS Agency? YES NO

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

List any other training and/or certifications that may be beneficial to OSRT:

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

Are there any medical problems that may prevent you from participating in high stress SAR situations? YES NO Please supply a current medical tetanus shot record.

If YES, please provide an explanation: _____

Please list 3 references names, addresses and phone numbers, other than relatives:

1. _____
2. _____
3. _____

How did you hear about our organization?

Literature Facebook Radio Add Our Web Site OSRT Open House Friends

Other: Please describe _____

Please check the area of the organization you wish to become part of:

1. Command Staff: Chaplain, PIO, Safety Office, Legal, Treasurer, Secretary
2. General Staff: Logistics, Administration, Planning/Training, Operations, Finance
3. Operational Units: Geographical area _____.
4. Technical Support: Amateur Radio, Air, Water Rescue Dive, Swift Water Rescue,
 Rope Rescue, S&R K9 (Print OSRT Form 30-16 K-9 Application and attach)

Statement of Understanding

I 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 \$45.00 Membership Fee, due after the Application Review process.

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.

The following is a list of potential adverse environments, risks, hazards that may be encountered when participating in Missions, Events and Training activities.

Extreme weather - Hypothermia/Heat stroke, contaminated water, High altitude environments, Animals/Insects, Ankle/Foot/Leg injuries, Falls, Drowning, Sharp objects, Equipment failure, Severe injury and death

You must 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.

Disclaimer: 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. 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. 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.

The following paragraph will enable us to register you, if accepted, on the ohioresponds.gov web site, this registration is mandatory under our agreement with the State of Ohio EMA.

Terms of Service and Privacy Policy

Terms of Service: My Signature below indicates that I agree to the **Terms of Service** and have read and understand the **Privacy Policy** for www.ohioresponds.gov. My submission of this form will constitute my consent to the collection and use of this information and the transfer of this information across the Internet to processing and storage facilities supporting this system. I also agree to receive required administrative and legal notices such as this electronically.

Information Pledge: I pledge to provide only correct information when completing this registration process. I also give consent to Ohio Responds Volunteer Registry (training) and their designated agents to collect, use, verify, and maintain any information that is collected through the use of this site.

Applicant Initials _____

This paragraph enhances the Liability Protection provided by our Insurance Agency.

Liability Protection Training Requirement

In order to maintain the liability protection provided in the Ohio Administrative Code 121:40-1-04, volunteers must complete an approved training course every 3 years. Please note some units require additional trainings as part of unit membership. Please verify the information provided is up to date at all times. Volunteers who have not completed an approved training in the last 3 years will be removed from the system.

Liability Protection: I understand that in order to maintain the liability protection provided in the Ohio Admin Code 121:40-1-04, I must complete an approved training every 3 years. Please note some unit(s) requires additional trainings as part of unit membership. A list of approved training opportunities can be found on www.ohioresponds.gov by hovering over the "Training Opportunities" tab and selecting from the drop down.

Training Information Pledge: I understand I must keep my training information up to date in the Ohio Responds Volunteer Registry and that the offered training is not OSRT, Inc. training requirements. Applicant Initials _____

Personal Insurance

Applicant Initials _____ I understand that I must have personal medical insurance to be a member.
Name of insurer: _____
OSRT carries a limited medical insurance on each member.

Auto Insurance

Applicant Initials _____ I understand that I must have auto liability insurance in accordance with Ohio Revised Code Section 509.101. Name of insurer: _____

Field Training Exercise

Applicant Initials _____ I understand that I must attend the annual 4 day Field Training Exercise at least every other year to maintain membership in the organization unless excused by the Executive Committee.

SPOUSE'S SIGNATURE

I have read the 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: _____
First Name - Middle Initial - Last Name

Signature: _____ Date: _____
(Reviewer – If Applicant has Indicated Married – Signature is Mandatory)

APPLICANT SIGNATURE

"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: _____

Mail Completed Application to:

Ohio Special Response Team, Inc Headquarters
Attn: Administration Section Chief
PO Box 1176
Mansfield, OH 44901

OR Turn in to a member of the Ohio Special Response Team, Inc. Be prepared to submit a Check or Money Order to cover membership fee for the amount indicated on the attached interview form.