



OHIO SPECIAL RESPONSE TEAM, INC.

Headquarters

597 Park Ave. East
Mansfield, OH 44905
Telephone 419/528-0041
E-Mail: 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.

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

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 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.

21.0 Each member must resubmit a new application every 5 years in reference to the date of assignment to the unit.