

Team Member Data

Date: _____

Page 1 of 3

Last Name

First Name

Middle

Home Address: _____

Street/PO Box

City

State

Zip

List your E-Mail address if applicable: _____

County of Residence: _____ Date of Birth: _____ Age: _____

Spouse Name (if applicable): _____

Do You wear contact lenses: Yes No

Who to Contact in the event of emergency:

1st Contact:

Name: _____ Relationship: _____

Address: _____ Phone: _____

2nd Contact

Name: _____ Relationship: _____

Address: _____ Phone: _____

What is your blood type (*Voluntary*) _____ Unknown

Employer:

Name: _____

Address: _____

Phone: _____ Fax: _____

List phone number where you can best be reached:

Daytime: _____ Evening: _____

Weekends: _____ Cell: _____

Pager: _____

____Morgue Operations ____Family Assistance ____Site Recovery ____Management Support Team

If deployed please list 1st choice, 2nd choice, 3rd choice, and 4th choice as to where you would like to be placed.

(This form should be completed by the team member and returned to the MRT Chairperson or OFDA office)

OFDA-MRT Form 100

Page 2 of 3

Team member should attach current photo here

Please attach a photocopy of front of your OFDA-MRT issued ID card here (if you have not yet been issued an ID card it is imperative that you send a current photo ASAP.)

Please attach copies of any licenses or certificates you have earned from training you have completed in the past 10 years.

Please fill in the following. Although you may have done this in the past, this is the information that will go into your personal file and the computer roster program with OFDA-MRT. Please give as much detail as possible.

Please describe all disaster response related training that you have completed (include copies of any certificates you have earned):

Please list any specific skills that you have that could be beneficial to the team (i.e. Firefighter, EMT, Police, Computer, Accounting, CISD, etc.):

Please list any office skills you may have:

Do you have one or more OFDA-MRT uniforms? Yes No