

**OHIO FUNERAL DIRECTORS ASSOCIATION
MORTUARY RESPONSE TEAM**

APPLICATION

If you would like to be considered by the OFDA Mortuary Response Policy Board to be a member of the Mortuary Response Team (twenty-seven trained members make up this team), a Responder (unlimited member participation), or Management Support Team, it is necessary for you to complete this application.

Name: _____

Funeral Home: _____

Address: _____

City, State, Zip: _____

Phone: _____ Cellular: _____ Fax: _____

Pager: _____ E-mail: _____ County: _____

I would like to be considered for:

_____ Team Member

(This group of twenty-seven individuals will be activated at the request of the County Coroner in charge of the disaster. You must be a licensed funeral director and/or embalmer. Your schedule must be fairly flexible to allow an adequate commitment of time in the event of a disaster.)

_____ Responder

(This group is unlimited in number and will include licensed funeral directors and/or embalmers that were not selected for the team or chose to be activated on a secondary basis.)

_____ Management Support Team

(This group will be responsible for all administrative duties during the course of an activation.)

Employer's Signature: _____
(indicating support of applicant's participation)

Return this application to the OFDA office: P.O. Box 21760, Columbus, OH 43221, as soon as possible.