

Application to become a Team Member - MFDEA-DRT Form 100

MISSOURI FUNERAL DIRECTORS & EMBALMERS

*Please Type or PRINT
Clearly*

ASSOCIATION

DISASTER RESPONSE TEAM (MFDEA-DRT)

Application To Become A Team Member **Page 1 of 4**

Date: _____ **Complete Pages 1 through 4 & Attach a Photo**

Name: _____
Last First Middle

Home Address: _____
Street/P.O. Box City State Zip

County of Residence: _____

What is your E-Mail Address? _____ @ _____

The following information in this block is for assisting with your identification should you become injured while responding to a disaster.

Date of Birth: _____ Age: _____ Place of Birth: _____

Race: _____ Sex: _____ Marital Status: _____ Spouse Name: _____
(If Applicable)

Height: _____ Weight: _____ Hair: _____ Eyes: _____

Do you wear Contact Lenses: Yes [] No []

Identifying Scars, Tattoos, Birthmarks, etc.: *(Optional)* _____

Have You Ever Been Fingerprinted?: Yes [] No [] if yes where? _____

Do You Know Your Blood Type?: Yes [] Type?: _____ No []

Name, Address & Phone of your Dentist: _____

Are You a U. S. Citizen: Yes [] No [] Social Security Number (Voluntary): _____

Your Day Time Phone: () _____ Night Time Phone: () _____

Best Phone Number to Reach You 24 hours: () _____ Best Fax Number: _____

Cell Phone: () _____

Person to Notify in the event of your injury or death: _____ Relationship: _____

(Complete address & phone number – If it's the same as yours write SAME as ABOVE)

Medical Information/Immunizations

Health Issues

MFDEA-DRT team members are responsible for their "medical fitness" and "physical fitness" You should consider all medical conditions you have that might be aggravated by disaster response. If you are taking prescription medication you will be responsible for having an adequate supply for the duration of the deployment. For assistance you may check with our team nurse.

Immunizations

Team members should follow Missouri Department of Health protocol during deployment.

Sickness/Injury While on Deployment

If a team member becomes ill or injured while on activation the MFDEA-DRT Incident Commander should seek medical assistance immediately. The MFDEA-DRT Incident Commander shall write a full report of the circumstances surrounding the event using the appropriate MFDEA-DRT Form.

Complete all applicable areas. **Re-enter your Blood Type if known** _____

Allergies to Food : _____

Allergies to any Medications: _____

Other Allergies: _____

Heart Conditions: _____

Other Significant Health History: _____

Current Prescription Medications: _____

Are you Diabetic Yes [] No [] If yes, []Insulin Controlled or []Diet /Medication Controlled

Immunization History

If your records are not available use your most educated estimate regarding dates etc.

Tetanus: Yes [] Date or year : _____ No []

Measles/Mumps/Rubella-MMR: Yes [] Date or Year: _____ No []

Smallpox: Yes [] Date or year: _____ No []

TB Skin Test: Yes [] Date or year: _____ No []

Chicken Pox: Yes [] Date or year: _____ No []

Hepatitis A: Yes [] Date or year: _____ No []

Hepatitis B: Yes [] Date or year _____ No []

Flu Vaccine: Yes [] Most current Date: _____ Type of Flu if known: _____

Diphtheria-Tetanus-Pertussis (Whooping Cough) (DTaP) Yes [] Date or year: _____ No []

Additional information: _____

Sign your name here: _____ Today's Date: _____

Re-enter your Last Name: _____ First Name: _____ **Page 3 of 4**

Employer Name: _____

Employer Address: _____

City: _____ State: _____ Zip: _____

Employer Phone: _____ Employer Fax: _____

I Hold a Current License as: Funeral Director [] #: _____ Year Licensed: _____
 Embalmer [] #: _____ Year Licensed: _____
 Other: _____ Year Licensed: _____

I am licensed in the State(s) of: _____

I have attended Mass Fatality Disaster Training: Yes [] No []

If yes, City where attended: _____ Approximate Year: _____

Other Training related to disaster management you have attended (Specify): _____

Do you own an ATV? Yes [] No [] If yes, are you willing to use it at a disaster Yes [] No []
On the back of this page list the type, make, size & equipment of your ATV: (i.e. 3, 4 or 6 wheeler, with cargo bed, wench, trailer etc.)

Which of the following skills apply to you? Check the appropriate box of the skill you feel you have at least an AVERAGE or ABOVE experience level.

- | | |
|------------------------------------|---------------------------------------|
| [] Funeral Director | [] Embalmer |
| [] Carpenter | [] Radio Operator |
| [] Crime Scene Photography | [] Evidence Collection |
| [] Finger Printing | [] Computer Operation |
| [] Computer Programming | [] Autopsy Assistant |
| [] Toxicology Specimen Collection | [] Death Scene Investigation |
| [] Secretarial | [] Professional Typing |
| [] Pathology | [] Completions of Death Certificates |
| [] Office Management | [] Medical First Aid (CPR)-Nursing |
| [] Media/Information Experience | [] Video Taping |
| [] Arranging for Lodging | [] Combat Experience |

Re-enter your Last Name: _____ First Name: _____ Page 4 of 4

- | | |
|---|---|
| <input type="checkbox"/> Mapping & Compass Training | <input type="checkbox"/> Licensed Private Pilot |
| <input type="checkbox"/> Commercial Pilot | <input type="checkbox"/> Telephone Operator |
| <input type="checkbox"/> Psychology/Counseling | <input type="checkbox"/> Critical Incident Stress |
| <input type="checkbox"/> Purchasing & Procurement | <input type="checkbox"/> Drawing/Sketching |
| <input type="checkbox"/> Electrician | <input type="checkbox"/> Auto Mechanics |
| <input type="checkbox"/> Anthropology | <input type="checkbox"/> Dental |
| <input type="checkbox"/> X-Ray Operation | <input type="checkbox"/> Ham Radio Operation |
| <input type="checkbox"/> Backhoe Operator | <input type="checkbox"/> Fork Lift Operator |
| <input type="checkbox"/> Semi Truck NON CDL Licensed Operator | <input type="checkbox"/> Semi Truck CDL Licensed |
| <input type="checkbox"/> Boom Truck Operator | <input type="checkbox"/> OSHA Compliance Officer |
| <input type="checkbox"/> Cemetery Layout & Planning | <input type="checkbox"/> Wrecker Operator |
| <input type="checkbox"/> Forensic Pathologist | |

List additional information regarding your expertise you feel will be helpful (list any other equipment you can operate that was not listed): _____

I hereby certify that I am submitting this application of MY OWN FREE WILL, and do hereby volunteer my services to the Missouri Funeral Directors & Embalmers Association Disaster Response Team in the event of a disaster in Missouri and when my services are requested.

In undertaking to assist the Missouri Funeral Directors & Embalmers Association Disaster Response Team in responding to any disaster or drill, I hereby release the Missouri Funeral Directors & Embalmers Association, its Disaster Response Team, as well as its employees and agents, from any and all liability, including, but not limited to, physical injury or disease resulting from the above referenced assistance whether or not the damage or injury is directly or indirectly caused by the actions, inaction, omissions or negligence of the above-stated parties. I further agree to hold the above-stated parties harmless from any liability resulting from my own actions or omissions, whether or not undertaken at the request of the above-stated parties.

I further understand that I may be **denied access** to the disaster activities, should I not keep the MFDEA-DRT office updated as to my current address and phone number, or if I do not exhibit any desire to remain current with my training, as required by MFDEA-DRT, or if my attitude of professionalism is deemed inappropriate by the Team Members of the MFDEA-DRT.

I state that I have read the Job description for the position of Team Member and do hereby agree to these duties and responsibilities.

Signed: _____ Date: _____

(Print Name)

Do not Forget to Sign & date pages 2 & 4 and then attach your Photo to this application so we can prepare your MFDEA-DRT ID Card.

Please Mail this form & picture to:

Vernie Fountain, Chairman
Emergency Preparedness Committee
Fountain National Academy
2211 West Norton Road
Springfield, MO 65803
Phone: 417-833-5130

Below is For MFDEA Office Use Only

Date Received: _____ Date ID Card Issued: _____ Entered into Master Database: _____