

OHIO MORTUARY OPERATIONAL RESPONSE TEAM (OMORT)

Team Member Data

(Please Print Clearly)

Date: _____

Last Name: _____ First Name: _____ MI: _____

Home Address: _____

Street/PO Box City State Zip

Primary E-mail address (accessible to you 24/7): _____

Secondary E-mail address: _____

County of Residence: _____ Date of Birth: _____ Gender: **M** **F**

Spouse Name (if applicable): _____

Are you currently a member of DMORT (the federal response team)? **Y** **N**

Emergency point of contact:

1st Contact: _____ Relationship: _____

Address: _____ Phone: _____

2nd Contact: _____ Relationship: _____

Address: _____ Phone: _____

What is your blood type (***Voluntary***, for emergency use only): _____

Employer:

Name: _____

Address: _____

Phone: _____ Fax: _____

List phone numbers where we can best reach you:

Daytime: _____ Evening: _____

Weekends: _____ Cell: _____

Pager: _____

Note: It is YOUR responsibility to notify the team commanders or team administrative officer of any changes of contact information (cell or home phone, email address, etc.)

E-mail a digital photo to the OMORT Administrative Officer at toddqrisier@gmail.com

Your Primary area of expertise (indicate by checking the box):

<input type="checkbox"/>	Pathology	<input type="checkbox"/>	Anthropology
<input type="checkbox"/>	Odontology	<input type="checkbox"/>	Radiology
<input type="checkbox"/>	Medico Legal Death Investigator	<input type="checkbox"/>	Fingerprints
<input type="checkbox"/>	Photography	<input type="checkbox"/>	Funeral Director
<input type="checkbox"/>	Logistics	<input type="checkbox"/>	Information Technology
<input type="checkbox"/>	Administrative/Clerical	<input type="checkbox"/>	Victim Identification Center (VIC) at the FAC
<input type="checkbox"/>	Medical Assistance	<input type="checkbox"/>	Other:

List your first four Code preferences for assignment from the Classifications page:

_____ : Preference 1

_____ : Preference 2

_____ : Preference 3

_____ : Preference 4

Please attach copies of ALL professional licenses and any certificates you have earned from training you have completed in the past eight years.

Events you have participated in (indicate by checking the box):

<input type="checkbox"/>	2001 World Trade Center, New York, NY
<input type="checkbox"/>	2001 Flight 93, Somerset, PA
<input type="checkbox"/>	2001 Flight 587, Queens, NY
<input type="checkbox"/>	2002 Walker County, GA
<input type="checkbox"/>	2003 Rhode Island Nightclub Fire, RI
<input type="checkbox"/>	2003 Flight 5481, Charlotte, NC
<input type="checkbox"/>	2004 FEMA Hurricane Charley Response
<input type="checkbox"/>	2005 OSCA Convention Morgue Setup
<input type="checkbox"/>	2005 Hurricanes Katrina and/or Rita, LA/MS
<input type="checkbox"/>	2005 DMORT 5/OFDA Training at Rickenbacker, OH
<input type="checkbox"/>	2006 GABP, Hamilton County, OH
<input type="checkbox"/>	2006 Comair 5190, Lexington, KY
<input type="checkbox"/>	2007 Hamilton County Plain Collision Response, OH
<input type="checkbox"/>	2011 Joplin Tornado Response, Joplin, MO
<input type="checkbox"/>	NDMS Conference:
<input type="checkbox"/>	Other Mass Fatality Response
<input type="checkbox"/>	
<input type="checkbox"/>	

Training. Please describe all disaster response related training courses, drills, exercises or experience you have participated in:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

Other Skills: Please list any specific skills that you have that could be beneficial to the team (i.e., Firefighter, EMT, Law Enforcement, Computer, Accounting, CISM, Certified Heavy Equipment Operator, etc.)

1. _____
2. _____
3. _____
4. _____

Administrative Skills: Please list any specific administration skills that you may have:

1. _____
2. _____
3. _____
4. _____

Uniforms: Do you currently have one or more Khaki BDU uniforms? **Yes No**

Employer Support: Do you have approval from your employer to be an ACTIVE participant in team trainings as well as sudden deployment? **Yes No**

Initial below to acknowledge that you understand that you will have Workers Compensation and Liability coverage during deployments and state funded trainings, but will NOT have Long Term Disability coverage. Initials: _____ Date: _____

(It is highly recommended that you obtain Long Term Disability coverage for yourself) Please note your employer provided long-term disability MAY cover you in the event of an injury during training or deployment.