

Oregon Disaster Medical Team Volunteer Responder Application

Thank you for your interest in joining ODMT as a volunteer medical team responder. Health care professionals and support personnel are needed to respond to emergent medical needs in Oregon. ODMT is a non-profit 501(c)(3) registered volunteer state EMS agency.

Please complete this application in full and send by email to ODMTapplication@gmail.com. In the next step of the application process, you will be contacted by a member of our Board within two weeks.

Name:

Address:

City:

State:

Zip:

Gender: M F

Date of Birth:

US Citizen? Y N

Contact Information

By providing us with your contact information, you are agreeing to receive communications from ODMT

Primary Email Address:

Primary Phone # (indicate home/cell/work):

Relevant Work/Education/Volunteer History

** Submit current Resume or CV with this Application

Current Employer:

City / State:

Start Date with current employer (mo/year):

Current Position:

Highest Education Level achieved:

Specialty Training/Fellowships:

List current clinical area(s) of specialty (as applicable):

Specify current license(s)– type, number and state of origin:

List all current certifications (BLS, ACLS, PALS, etc):

Volunteer Experience – List organization, your role and dates:

Health information

Current health status: ___Excellent ___Good ___Fair ___Poor

To assess for safe duty assignments, do you have any medical or physical limitations that would impair or prevent your ability to work in austere conditions?

No / If Yes, please describe:

(Examples include, but are not limited to: insulin-dependent diabetic, intermittent use of electrically powered medical devices, use of assistive mobility devices)

Skills/Interests

Primary language:

Secondary language (if applicable):

List the particular skills and abilities you would bring to the team (i.e. computer knowledge, clerical skills, etc):

Travel Information

Nearest Airport: Distance from home to nearest airport:

Valid Driver's License? Y N

Current US Passport? Y N

I am available for volunteer trainings or missions lasting (check all that apply):

_____1-3 days _____4-7 days _____1-2 weeks _____2-4 weeks

Team Participation

Use space as needed for your responses --

What are the reasons for your interest in volunteering?

Describe your specific interest in the Oregon Disaster Medical Team:

How did you hear about us? (If referred by a current ODMT responder, please list their name):

Preferred volunteer role (top 5 in rank order of interest from #1 to 5)

___ Clinician

___ Administrative/Clerical

___ Finance/Fundraising

___ IT support/Web Design

___ Communications/Radio

___ Logistics/Supply

___ Responder Support/Mentoring

___ Miscellaneous tasks

___ Leadership/Regional Coordinator

___ Exercise Coordination/Evaluation

___ Teaching/Group Presentation

___ Public Speaking

References

Providing this contact information indicates approval to communicate with named individuals.

List name, phone and email for:

- Current supervisor:
- Personal reference:
- Professional or work-related reference:

Attestation and Agreement

I affirm that all information provided in this application is accurate.

Medical or Nursing Applicants:

I affirm I have an active and unencumbered _____ (state) license to practice in the medical responder position of _____ (license type). I understand I am required to notify ODMT immediately if my license is suspended, revoked, limited or voluntarily relinquished. (Leave section blank for non-medical applicants).

In being considered for a volunteer responder position with ODMT, I agree that ODMT and any references provided during my application may exchange information about my qualifications without incurring any liability.

Acceptance for volunteer placement is subject to:

1. Satisfactory reference and screening reports.
2. Personal interview with an ODMT Board representative and/or health care specialist.

3. Willingness to abide by all organizational requirements and regulations.

Attestation:

- Following submission of this application, I understand that ODMT is not obligated to provide placement on the team, nor am I obligated to accept a position.
- ODMT will maintain the confidentiality of information provided in this application and during the interview process by keeping personal information secured and reviewed only by ODMT Board of Directors.
- To the best of my knowledge, the information provided in my application is true and complete. I understand and agree that any misrepresentations or omissions of facts shall be considered sufficient cause for dismissal.

Signature:

Date of Signature:

(Submission of this application with your typed name serves as your official signature)

rj 7/12/2014