



NORTHWEST INDIANA DISTRICT ONE DISTRICT RESPONSE TASK FORCE



PARTICIPANT APPLICATION

Application for:	<input type="checkbox"/> Incident Mgmt Team (IMT) <input type="checkbox"/> Services/Support Branch <input type="checkbox"/> MCI/EMS/Medical Team <input type="checkbox"/> Fire Suppression Team <input type="checkbox"/> Law Enforcement Team	<input type="checkbox"/> USAR/Technical Rescue Team <input type="checkbox"/> Ground/Area Search Team <input type="checkbox"/> Hazardous Materials Team <input type="checkbox"/> Damage Assessment Team <input type="checkbox"/> Disaster Mental Health Team	<input type="checkbox"/> Other/specialty
------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------

GENERAL INFORMATION

Name		
Address		
City	State	Zip Code
Phone Number	Drivers License Number	

Provide three (3) methods of contact in priority order. For wireless, list carrier name.

	Number (XXX-XXX-XXXX)	Land-line or Wireless	Carrier
1.			
2.			
3.			
Email(s):			

Professional Experience

Organization Type	Employer/Emergency Services Organization
Security Clearance Level	Address
PSID Number	Organization Administrator

NIMS ICS-100 ICS-200 IS-700 IS-800 ICS-300 ICS-400 Other (Please List)

Scan completed IN D1 District Response Task Force application as a .PDF format; email the complete package to DistrictResponseTaskForce1@gmail.com. Include current credentials with the completed application packet. Maintain original application in your file.



NORTHWEST INDIANA DISTRICT ONE DISTRICT RESPONSE TASK FORCE



PARTICIPANT APPLICATION

PARTICIPANT CERTIFICATION

I, the under signed, am applying to participate in the Northwest Indiana District One District Response Task Force ("DRTF"). I understand and agree the DRTF has an obligation to those served by its operation to approve persons who, through high standards of service and conduct, will maintain the public confidence and trust. I certify the information contained in this application is true, accurate, and complete. I understand that false or misleading information or omissions in this application shall be sufficient grounds for rejection or termination from DRTF participation. My signature authorizes and requests the DRTF, Northwest Indiana District One District Planning Council, my County Emergency Management Agency, and the Indiana Department of Homeland Security ("IDHS") (or an individual or entity on their behalf) to make inquiries to verify the information on this application and to conduct an investigation into my character, background, personal history, general reputation, driving record, and criminal history (if any).

I will conform to the rules and regulations, by-laws, standards, procedures of the DRTF and will comply with all orders that are given by the Incident Commander, or other Officer in Charge of the DRTF relative to any and all matters pertaining to the work or activities of the DRTF.

I understand my participation in the DRTF is undertaken with the knowledge, approval and consent of my employer and/or emergency services organization named in this application ("Employer"); and that as an employee and/or member in good standing ("Employee") of said Employer I will participate in DRTF activities in an "on duty and working" status within the course and scope of my duties with the Employer.

I solemnly swear (or affirm) that I will support and defend the Constitution of the United States and the Constitution of the State of Indiana against all enemies, foreign and domestic; that I will bear true faith and allegiance to the same; that I take this obligation freely, without mental reservation or purpose of evasion; and that I will and faithfully discharge the duties upon which I am about to enter. I further swear (or affirm) that I do not advocate, nor am I a member of an organization that advocates, the overthrow of the government of the United States or of Indiana by force or violence; and that during the time I am a DRTF participant, I will neither advocate nor become a member of an organization that advocates the overthrow of the government of the United States or of Indiana by force or violence.

Employee/Member

Signature: X _____ DATE:

Employee/Member Name:

Employer:



NORTHWEST INDIANA DISTRICT ONE DISTRICT RESPONSE TASK FORCE



PARTICIPANT APPLICATION

EMPLOYER AUTHORIZATION AND CERTIFICATION

I, the undersigned, acknowledge and certify the individual named in this application is an employee and/or member in good standing ("Employee") of the employer and/or emergency services organization named below ("Employer") and that at all times while participating in any Northwest Indiana District One District Response Task Force ("DRTF") activity said Employee will be in an "on duty and working" status within the course and scope of the Employee's duties with the Employer.

The Employer provides worker's compensation and/or medical insurance coverage to the Employee and the Employee will be relying on the worker's compensation and/or medical insurance coverage for payment of any medical bills occasioned by the Employee's participation with the DRTF. The Employee will be covered by the Employer's worker's compensation policy and death benefits.

The Employer has a right to refuse to allow the Employee to participate in DRTF activities. However, if the Employer allows the Employee to participate, the Employer will not take an adverse employment action against the Employee for being absent from the normal work site, due to participation in a DRTF activity or response action.

I, the individual authorizing and signing below, represent I am authorized to execute this authorization and certification on behalf of the Employer.

Employee/Member Name: _____

Employer Name: _____

Employer Address: _____

Authorized Employer Approver:

Signature: X _____ DATE: _____

Name: _____

Title: _____