



# Application for the Dayton Region Disaster Medical Assistance Team

The information below should be included as called for and submitted through your Supervisory channels to the Manager or Chief Executive Officer (as applicable) of your present employer. Completed information should be forwarded to the Greater Dayton Area Hospital Association, Attention DMAT, Suite 1441, 32 North Main Street, Dayton, Ohio, 45402.

Name: \_\_\_\_\_ Employer: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

Current Job Title: \_\_\_\_\_ Years in Job: \_\_\_\_\_

Licensure / Certification (if applicable): \_\_\_\_\_

Background for Disaster Response Team: \_\_\_\_\_

Position on the Team you are interested in if known. \_\_\_\_\_

I am familiar with the Greater Dayton Area Hospital Association (GDAHA) program for establishment, maintenance, and possible utilization of DMATs under Sponsorship of GDAHA. I believe my current job and family circumstances will permit my participation in training, exercise, or activation situations. I understand participation is voluntary and that pay and liability coverage is only provided during federal activation of the Disaster Team. I request that I be considered by GDAHA for a position on the Team.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Supervisory Concurrence**  
(As appropriate within your current organization)

I have reviewed the above application to serve as a member of the Disaster Medical Assistance Team. Consideration of this request is:

**Recommended:** \_\_\_\_\_

**Not Recommended:** \_\_\_\_\_

**Undetermined:** \_\_\_\_\_ based on the following:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date