

National Disaster Medical System (NDMS)

Member Information

Team Name: _____

Privacy Act Statement: Section 2811 of the Public Health Security and Bioterrorism Preparedness and Response Act of 2002 (PL 107-188, 42 U.S.C. § 300hh-11) authorizes collection of this information. The purpose of gathering the information is to ensure NDMS can activate and deploy team members as quickly as possible when a National or International need arises. We may disclose this information to the Department of Defense and various other Government agencies, such as the Internal Revenue Service and the Department of Labor, to process claims for payment, injury, or benefits; or to private sector organizations for recognition of volunteer services. This information may be disclosed under the routine uses provided in OPM/Gov't 1, "General Personnel Records," where this information will be stored. Disclosure is voluntary, but failure to provide all of the information requested may result in the applicant not being selected to be an intermittent appointee.

1. Name (<i>Last, First, Middle Initial</i>): <div style="text-align: right;"> <input type="checkbox"/> Male <input type="checkbox"/> Female </div>	2. Home Address: _____
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3. Social Security Number: _____	4. DOB: _____	5. Home Phone: _____	6. Home Phone #2: _____	7. Home Fax: _____
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8. Pager Number: _____	Pager Type: <input type="checkbox"/> Numeric <input type="checkbox"/> Voice <input type="checkbox"/> Alpha-Numeric	Pin: _____
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9. Cell Phone: _____	10. Work Phone & Ext.: _____	11. Work Fax: _____	12. Other Phone: _____	13. Email Address: _____
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Emergency Contact

1. #-1 Emergency Contact Name: _____	Relationship: _____	Work Phone #: _____ Home Phone #: _____
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1. #-2 Emergency Contact Name: _____	Relationship: _____	Work Phone #: _____ Home Phone #: _____
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3. Blood Type: _____	4. Religion: _____
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Travel

1. Do You Have a Passport? <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, Provide a Passport #: _____ Exp. _____ Issuing Country: _____

2a. Home Commercial Airport: (1st Choice) _____	2b. Distance & Time between Home and Airport: Miles: _____ Hrs/min: _____
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3a. Home Commercial Airport: (2nd Choice) _____	3b. Distance & Time between Home and Airport: Miles: _____ Hrs/min: _____
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4. Smoker or Non-Smoker: <input type="checkbox"/> <input type="checkbox"/> For use in assigning hotel rooms.	5. Place of Birth: (City and State) _____
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6. Do you have a valid Drivers License? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please provide license #: _____ State: _____ Expiration Date: _____ If applicable provide Class: _____ and Endorsement Code: _____

Training

1. Do you have one or more medical specialties? <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, please list all specialties and indicate if you are Board Certified, Board Eligible, or Neither)
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2. Do you have Hazmat Training? <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, check training level) <input type="checkbox"/> Awareness <input type="checkbox"/> Operations <input type="checkbox"/> Technician <input type="checkbox"/> Specialist <input type="checkbox"/> Incident Command
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Full-Time Federal Employees Only

1. Department/Agency Name: _____	2. Department/Agency Address: _____
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3. Department/Agency Job Title: _____	4. Pay Plan: _____	5. Grade Level & Step: _____
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6. Title of Response Team Position: _____

7. Administrative Officer: (Name, Phone, Fax) _____
