Hampton Roads Metropolitan Medical Response System
1104 Madison Plaza, Suite 101 • Chesapeake, Virginia 23320
(757) 963-0632 • hrmmrs@vaems.org • www.hrmmrs.org

Hampton Roads Metropolitan Medical Strike Team Member (HRMMST) Application

HRMMST Position:
Sponsoring Organization:

Personal Information			
First Name:	MI:	Last Name:	Suffix:
Preferred Name:			
Home Address:			
City:	State:	Zip:	
Work Telephone: ( ) -	Home Telephone: ( ) -		
Mobile Telephone: ( ) -			
E-mail:	Work Title:		

Professional Information *Please check and complete all that apply.*				
☐	EMS	Level:	☐ - Basic ☐ - Intermediate ☐ - Advanced ☐ - Paramedic	VA Cert No. Exp. Date:
☐	Fire Fighter	Specialty:		Exp. Date:
☐	Law Enforcement	Specialty:		Exp. Date:
☐	MD	Specialty:		Exp. Date:
☐	Physician Extender	Specialty:		Exp. Date:
☐	HazMat	Level:	☐ - Operations ☐ - Specialist ☐ - Technician	Exp. Date:

Relevant Certifications and Training *Please check all current certifications or training.*					
☐	Hazmat Awareness	☐	Hazmat Operations	☐	AHLS
☐	IS-100	☐	IS-200	☐	IS-300
☐	IS-400	☐	IS-700	☐	IS-800B
☐	MCIM I	☐	MCIM II	☐	HRMMRS WMD Antidote Kit
☐	Terrorism Awareness	☐	Other:	☐	

Understanding of Metropolitan Medical Strike Team Membership Responsibilities

I agree that:

- I will maintain current contact information in the HRMMST notification and activation system.
- I will respond promptly to tests of the HRMMST notification and activation system.
- I will respond promptly to a HRMMST activation.
- I will obtain clearance from my supervisor and sponsoring organization before deployment.
- I will participate in the mandatory annual maintenance and PPE fit testing event.
- I will participate in at least 50% of HRMMST component training events per year.
- I will respond promptly to HRMMST administrative requests for information.
- I will maintain my relevant certifications and/or licensure.
- I will be available for deployment if not committed to my employer or other significant obligation.
- If my application is approved, I will inform my sponsoring organization and jurisdictional representative of any lapsed or revoked licenses or credentials and of any conditions that could affect my ability to meet member commitments or to deploy.

I understand that:

- A HRMMST deployment may last between 48 and 72 hours.
- I may be required to provide medical care in an austere environment.
- HRMMST membership is at the discretion of the sponsoring organization and the HRMMRS Strike Team Committee.
- Misrepresentation or the provision of false information on this application may subject me to removal from the HRMMST.

I hereby certify that all information contained in this application is true and correct.

Signature of Applicant: **Date:** / /

Approvals of Supervisor and Sponsoring Organization

Supervisor Approval

I approve this application.

Supervisor Signature:____

Printed Name: **Title:** **Date:** / /

Sponsoring Organization Approval

I approve this application and will support this member as agreed to in the HRMMRS Metropolitan Medical Strike Team Response Memorandum of Understanding signed by the sponsoring organization. I certify the certifications and training checked above by the applicant are true and correct according to sponsoring organization personnel records. I certify the sponsoring organization has a plan for the deployment of its HRMMST members upon activation and will provide a copy this plan to the member. I certify the sponsoring organization has a respiratory protection program to ensure its HRMMST members have been evaluated and fit-tested for all HRMMST-issued respirators, or have arranged to do so.

Sponsoring Organization Representative Signature:______________________________________

Printed Name: **Title:** **Date:** / /

HRMMRS Strike Team Committee Action

☐ Recommend Approval

☐ Recommend Disapproval Reason:

Date: / /

HRMMRS 112015