



# OHIO TASK FORCE 1

## OHIO TASK FORCE-1 APPLICATION REQUEST FORM

### POSITION APPLYING FOR: \_\_\_\_\_

Name \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Daytime Phone #: \_\_\_\_\_

1. Employed by: \_\_\_\_\_
2. Has employer agreed to support your membership with Ohio Task Force 1?  Yes  No  Not Yet
3. Do you have prior emergency response experience?  Yes  No  
 If yes, please provide details: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
4. Have you read, and do you understand the duties/responsibilities for the position that you are considering?  
 Yes  No
5. Do you understand that monthly team trainings, as well as occasional work details, mobilization drills and quarterly meetings are required, and are you willing and able to attend these trainings?  Yes  Occasionally  No
6. Do you have employment responsibilities or other commitments that will hinder your ability to deploy without notice?  
 Yes  No If yes, explain. \_\_\_\_\_
7. What is the response time from your home/employment location to Wright-Patterson AFB?  
 \_\_\_\_\_
8. Are you willing to receive any and all required immunizations?  Yes  No  
 If no, please explain:  
 \_\_\_\_\_  
 \_\_\_\_\_
9. What knowledge, skills, abilities or experience do you have that you would like to have considered in the review of your initial membership application?  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Mail completed form to: Miami Valley Fire & EMS Alliance  
 Attn: Training & Personnel Coordinator  
 444 W. Third Street, Suite 20-231  
 Dayton, OH 45402-1460