



MICHAEL R. PENCE, Governor
STATE OF INDIANA

INDIANA DEPARTMENT OF HOMELAND SECURITY
302 West Washington Street
Indianapolis, IN 46204

Indiana Mortuary Emergency Response Team

Section A - General Information

Name:

Address: Home

Address: Work

Section B - Contact Information

Home Phone: (____) _____ - _____ Cell Phone: (____) _____ - _____

Fax: (____) _____ - _____ Work Phone: (____) _____ - _____ Pager: (____) _____ - _____

Email: _____ Other: _____

Please indicate your preferred method for receiving printed information regarding DMORT activities:
 Email Home Address Work Address

Please indicate your preferred method for notification of activation:
 Day: Email Cell Phone Home Phone Work Phone Fax Pager
 Night: Email Cell Phone Home Phone Work Phone Fax Pager
 Weekends: Email Cell Phone Home Phone Work Phone Fax Pager

Section C - Professional Information

| License or Certificate | Date of Latest License or Certificate | State or Licensing Agency |
|------------------------|---------------------------------------|---------------------------|
| 1. | | |
| 2. | | |
| 3. | | |

Please attach copies of all identification/license/certification cards

Section D - Other Qualifications

Section D - Education

Mark the Highest level completed: Some HS HS/GED Associate Bachelor Master Doctoral

Professional/Certification Courses Taken (Please include any special disaster training courses taken):

- 1. _____ Date Completed: _____
- 2. _____ Date Completed: _____
- 3. _____ Date Completed: _____

Section E - Professional Organization Memberships

- 1. _____
- 2. _____
- 3. _____

Section F – Disaster Experience

Please describe any previous experience in responding to disaster situations.

What is your MRT Primary Expertise? _____

If you are able to communicate fluently in a language(s) other than English, please list: _____

Are you a licensed aircraft pilot? If so, please list your type and ratings: _____

Are you familiar with the burial customs of countries other than the United States? If so, which countries? _____

Do you have a CDL License? If so, what is your CDL classification? _____

Please check the skills below you feel you comfortable performing as a **secondary** area of expertise .

- | | |
|------------------------------------------------------------|-------------------------------------------------------------|
| <input type="checkbox"/> Amateur Radio Operator | <input type="checkbox"/> Fire Service |
| <input type="checkbox"/> Anthropology Assistant | <input type="checkbox"/> First Aid |
| <input type="checkbox"/> Auto Mechanic | <input type="checkbox"/> Fork Lift Operator |
| <input type="checkbox"/> Autopsy Assistant | <input type="checkbox"/> Funeral Director |
| <input type="checkbox"/> Autopsy Report Transcription | <input type="checkbox"/> Heavy Equipment Operator |
| <input type="checkbox"/> Back Hoe Operator | <input type="checkbox"/> Hospitality (Catering) |
| <input type="checkbox"/> Boom Truck Operator | <input type="checkbox"/> Jewelry Descriptions |
| <input type="checkbox"/> Carpenter | <input type="checkbox"/> Law Enforcement |
| <input type="checkbox"/> Clothing Descriptions | <input type="checkbox"/> Mapping/Compass/Navigation |
| <input type="checkbox"/> Combat Experience | <input type="checkbox"/> Media Information Experience (PIO) |
| <input type="checkbox"/> Computer Date Entry | <input type="checkbox"/> Ministry, Lay |
| <input type="checkbox"/> Computer, Program Writing | <input type="checkbox"/> Ministry, Ordained |
| <input type="checkbox"/> Computer Repair | <input type="checkbox"/> Office Management |
| <input type="checkbox"/> Crime Scene Photography | <input type="checkbox"/> Pathology |
| <input type="checkbox"/> Critical Incident Stress | <input type="checkbox"/> Purchasing/Procurement |
| <input type="checkbox"/> Death Certificates, Completion of | <input type="checkbox"/> Professional Typing |
| <input type="checkbox"/> Death Scene Investigation | <input type="checkbox"/> Psychology/Counseling |
| <input type="checkbox"/> Dental Assistance | <input type="checkbox"/> Secretarial |
| <input type="checkbox"/> Drawing/Sketching | <input type="checkbox"/> Telephone Operator |
| <input type="checkbox"/> Electrician | <input type="checkbox"/> Toxicology Specimen Collection |
| <input type="checkbox"/> Embalmer | <input type="checkbox"/> Two-way Radio Operator |
| <input type="checkbox"/> EMT/Advanced EMT/Paramedic | <input type="checkbox"/> Video Taping |
| <input type="checkbox"/> Evidence Collection | <input type="checkbox"/> Wrecker Operation |
| <input type="checkbox"/> Eye Glasses Description | <input type="checkbox"/> X-Ray Operation |
| <input type="checkbox"/> Finger Printing | |

I certify by my signature that all statements contained in this application to the Indiana Department of Homeland Security Disaster Mortuary Team are true and accurate.

Signed: _____ Date: _____

Printed Name: _____

Additional Documents to send:

- Resume
- Copies of all licenses and certifications
- Letter of support from supervisor (if applicable)

Please save and e-mail application packet, including all applicable attachments, to:

[Robin Stump and Jason Smith](mailto:Robin.Stump.and.Jason.Smith@Indiana.gov)
Indiana Department of Homeland Security

Questions regarding the application and the application process may be directed to the same e-mail address(es).