



**TEXAS EMERGENCY MEDICAL TASK FORCE REGION 4**  
 100 E. Ferguson St. | Suite 708 | Tyler, Texas | 75702 | (903)593-4722

*EMTF 4 Application - Please Print*

**NAME:**

Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

**HOME ADDRESS:**

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**PRIMARY CONTACT INFORMATION:**

Mobile Phone: \_\_\_\_\_ Email 1: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Email 2: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Other: \_\_\_\_\_

**SPONSORING AGENCY:**

Agency Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Current Position: \_\_\_\_\_ Years of Experience: \_\_\_\_\_

Current Duties: \_\_\_\_\_

**SPONSORING AGENCY AUTHORIZATION**

Department Head / Supervisor Name: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Email: \_\_\_\_\_

As an official representative of the sponsoring agency, I support the candidate becoming a member of the Texas Emergency Medical Task Force. I understand that, if selected, the candidate will represent their home agency during team trainings and meetings along with any local, regional or state deployments.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please notify me of:**    Team Training / Meetings    Yes    No                      Deployments    Yes    No



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**POSITION REQUEST**

**Mobile Medical Unit Team:**

- |   |   |
|---|---|
| <input type="checkbox"/> MD                 | <input type="checkbox"/> RN                   |
| <input type="checkbox"/> PA                 | <input type="checkbox"/> Tech / Clerk         |
| <input type="checkbox"/> Paramedic          | <input type="checkbox"/> Logistics Specialist |
| <input type="checkbox"/> Pharmacy Tech      | <input type="checkbox"/> Other _____          |
| <input type="checkbox"/> Nurse Practitioner |   |

**RN STRIKE TEAM:**

- |  |                                      |
|--|--------------------------------------|
| <input type="checkbox"/> RN Strike Team Leader | <input type="checkbox"/> ED RN       |
| <input type="checkbox"/> ICU RN                | <input type="checkbox"/> NICU RN     |
| <input type="checkbox"/> OR RN                 | <input type="checkbox"/> PEDI RN     |
| <input type="checkbox"/> MED SURG RN           | <input type="checkbox"/> Other _____ |

**OTHER TEAMS:**

- Ambulance Strike Team
- Ambulance Staging Team
- Infectious Disease Response Unit
- MED SURG RN

**REFERENCES:**

<b>Name</b>	<b>Phone</b>
<b>Relationship</b>	<b>Years Known</b>

<b>Name</b>	<b>Phone</b>
<b>Relationship</b>	<b>Years Known</b>

<b>Name</b>	<b>Phone</b>
<b>Relationship</b>	<b>Years Known</b>



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Has your employer agreed to support your membership with the Texas Emergency Medical Task Force?

Yes                      No                      Not yet

Do you have prior emergency response experience?      Yes                      No

If yes, please provide details: \_\_\_\_\_

\_\_\_\_\_

Do you understand that 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

Do you have employment responsibilities or other commitments that will hinder your ability to deploy without notice?

Yes                      No

If yes, explain: \_\_\_\_\_

Are you willing to receive any and all immunizations?      Yes                      No

If no, please explain: \_\_\_\_\_

What knowledge, skills, abilities or experience do you have that you would like to have considered in the review of your initial membership application?


I attest that my answers are true and complete to the best of my knowledge.

If accepted as a member of the Texas Emergency Medical Task Force, I understand that any false or misleading information in my application or interview may result in my membership being terminated.

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

Mail completed form to: Piney Woods Regional Advisory Council (RAC-G)  
Attn: Keith Vintila, EMTF 4 Coordinator  
100 E. Ferguson St. Suite 708  
Tyler, Texas 75702  
Fax: (903)593-5092  
Email: keith@rac-g.org

**Please complete the check-list on the back page prior to turning in this form.**

Applicant Name \_\_\_\_\_



**Application Check Sheet**

Please submit this completed membership form as well as the other requested supporting documentation listed below. Any information that is omitted or incomplete will prevent formal membership processing.

- Department Head or Supervisor signature
- Resume (include a copy of your license / certification and certification cards)
- Create an account at <https://www.texasdisastervolunteerregistry.org> (select the organization "Emergency Medical Task Force -4", populate your license information)
- Current Immunization Records
- NIMS 700 & 200 Recommended (online training <https://training.fema.gov/IS/NIMS.aspx>)
- Other NIMS certificates

**Requirements for selected members**

**First 90 days:**

- Complete NIMS 700.a & 200.HCa (<https://training.fema.gov/IS/NIMS.aspx>)
- Obtain WebEOC log-in on local server (<https://eoconline.net>) Request Username (<http://webeoc.rac-g.org>)
- Complete online T-Sheet course (<http://www.tsystem.com/> Customer Number EP9996)

**First Year:**

- Attended 50% of team meetings / trainings
- Attended all mandatory meetings / trainings
- Successful completion of Emergency Response to Terrorism (classroom or online) or equivalent (<https://apps.usfa.fema.gov/nfacourses/catalog/details/67>)
- Completes the Physical Agility Test

**Continued Team Membership:**

- Continued employment within the ED or EMS
- Attended 50% of yearly team meetings / trainings
- Attended all mandatory trainings
- Complete First Receiver DECON Course

*For any questions or more information contact your regional EMTF Coordinator:*

Keith Vintila  
 keith@rac-g.org  
 (903)593-4722



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