

UPPER PENINSULA HOSPITAL

EMERGENCY RESPONSE TEAM RECRUITMENT FORM

Please indicate which team position you are interested in and qualified (you may check more than one):

Decon Team: _____ Trauma Team: _____ Med/Surge _____ Pediatric Team _____ Other Specialty: _____

Personal Information			
Name (Last, First, MI):		Male _____ Female _____	
Mailing Address:			
City:	County:	State:	Zipcode:
Home Phone: _____ / _____ - _____		Business Phone: _____ / _____ - _____	
Cellular Phone: _____ / _____ - _____		Pager Number: _____ / _____ - _____	
E-mail Address:		Fax Number: _____ / _____ - _____	
Current Employment			
Employer:			
Mailing Address:			
City:	County:	State:	Zip Code:
Position:			
Do you have support from your primary employer to become a member of UP-HERT, train, and deploy to active missions up to 72 hours in length? Yes _____ No _____			
Participation in UP-HERT			
Why are you interested in participating as an UP-HERT member?			
Could you participate in training/meetings? (1-2 per year) <input type="checkbox"/> Yes <input type="checkbox"/> No			
List any possible conflicts:			
Physical Fitness UP-HERT membership requires the ability to meet a moderate physical fitness requirement defined as <i>occasional fieldwork performed by individuals with average endurance and physical conditioning. Disasters occasionally demand moderately strenuous activity over long periods of time. Activities include standing for long periods, walking, stooping, and moderate lifting. Long hours of work may be necessary.</i>			
Can you meet the moderate physical fitness requirement? Yes _____ No _____			

<p>Professional Licensure/Certification Please list current professional licenses/certifications (RN, MD, EMT-P, etc.) <i>Please submit copies of all licenses/certifications with your completed application</i></p>
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Licensure/Certification	License/Certificate Number	Expiration Date

Credentials Please list any professional credentials (BLS, ACLS, FACEP, TNS, etc.) *Please submit copies of all credential certificates with your completed application*

Credential	Date Earned	Expiration Date
Have you completed training courses listed below? <input type="checkbox"/> Yes <input type="checkbox"/> No		
IS100HC		
IS200HC		
IS700		

Computer Skills

None___	Basic Word Processing ___
Data Entry___	Database Searching___
Other, please specify:___	

Previous Emergency Medical Experience Please check all areas that applies:

None___	Hospital Emergency Department ___
Local Emergency Medical Services___	US Public Health Service___
Department of Defense___	American Red Cross___
Other, please specify:	

Volunteer Activities Please list your involvement in any relevant volunteer activities:

Emergency Contacts

#1 Name:	Relationship:
Home Phone:	Work Phone:
#2 Name:	Relationship:
Home Phone:	Work Phone:

Return form to: Region 8 HPP Grant
420 W Magnetic Street
Marquette MI 49855

FAX: (906) 225-3038
Contact Number: (906) 225-7745