



Team Member Registration

Personal Information

(please print)

- ◇ **Full Name:**
- ◇ **Home Address:**
- ◇ **Agency:**
 - ◇ **Current Position:**
 - ◇ **Years of Experience:**
 - ◇ **Department Worked** (if applicable):
- ◇ **Texas Medical Certifications / Licenses:**
 - ◇ **Other** (ASTL, HAZMAT, COMMS, Electrician, Class A/B Driver's License, etc.):

Contact Information

- ◇ **24/7 Phone Number & Carrier:**
- ◇ **Secondary Phone Number & Carrier:**
- ◇ **Work Phone Number & Extension:**
- ◇ **Primary Email:**
- ◇ **Secondary Email:**
- ◇ **Other:**

Component & Roles

(please check the boxes)

◇ **Components Interested In** (please visit the EMTF 8 webpage for more information):

- ◇ **Ambulance Strike Team (AST)**
- ◇ **Mobile Medical Unit Team (MMU Team)**
- ◇ **Registered Nurse Strike Team (RNST)**
- ◇ **Medical Incident Support Team (MIST)**

◇ **Roles **Qualified & Willing** to Fill:**

- ◇ **Administration / Clerk**
- ◇ **Communications**
- ◇ **Logistics**
- ◇ **Mid-Level / Advanced Practice Professional (PA / NP)**
- ◇ **Paramedic**
- ◇ **Patient Care Technician**
- ◇ **Pharmacy Technician**
- ◇ **Physician**
- ◇ **Registered Nurse**

Supervisor & References

◇ **Agency Supervisor** (name & phone number):

◇ **References:**

- ◇ **Name & Relationship –**
- ◇ **Contact Information** (phone number & email address) –

- ◇ **Name & Relationship –**
- ◇ **Contact Information** (phone # & email address) –

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Are You Deployable?

(yes or no)

- ◇ **Has your employer agreed to support your membership with EMTF 8?**
- ◇ **Please understand that team trainings, occasional work details, mobilization drills, & quarterly meetings may be required.**
 - ◇ **Are you willing & able to attend these trainings?**
- ◇ **Do you have prior emergency response / deployment experience?**
 - ◇ **If yes, please provide details:**

**I attest that my answers are true & complete to the best of my knowledge.
I understand that any false or misleading information identified on my registration form may result in my membership being terminated.**

SIGN & DATE:

Send Registration To:

Email: EMTF8-Coordinator@strac.org

Fax: 210.233.5851

- or -

Southwest Texas Regional Advisory Council (STRAC)

Attn: EMTF 8 Coordinator

7500 Hwy 90 West, AT&T Building Suite 200; San Antonio Texas 78227