

Indiana Mental Health Task Force District Deployment Registration Form

Please print all information

Registrant name: _____

Contact phone numbers: _____

E-Mail Address(es): _____

I am registering for the following role(s):

Team Leader Clinical Director Team Member

Thanks to all of you registering to provide your time and expertise to aid the victims of future catastrophes. Your response during these difficult times will be challenging and rewarding. We ask that you complete the following deployment questionnaire. Please remember, the following conditions apply:

Pre-requisite:

I completed the District Disaster Mental Health Intervention Training on the following dates/location: _____

I am scheduled for the Disaster Mental Health Intervention Training on the following dates/location: _____

Conditions of Assignment:

Deployment may be within Indiana or on an Emergency Management Assistance Compact (EMAC) to assist another state.

Individuals must be healthy enough to function under field conditions. This work may include all or some of the following:

- 12 hour shifts
- Austere conditions (possibly no showers, housing in tents)
- No air conditioning
- Long periods of standing
- Sleep accommodations on bed roll
- Military ready to eat meals
- Portable toilets

I understand and accept the conditions of assignment.

Registrant Detail

Home address:

Emergency Contact: Please list 2-3 people in order of contact preference, their relationship to you, and 2-3 phone numbers for each person.

Current Employer: Please list name, address, phone number and supervisor's name.

Current position/title and key duties:

Previous disaster experience, if applicable:

Additional skills: List foreign languages, certifications, expertise and competencies

Special Conditions for Participation: List any applicable to your deployment

I have diet restrictions: _____

I have medical restrictions: _____

I have seasonal restrictions and can only work during these months/time periods

I have geographic restrictions as outlined here.

I prefer to work in these regions of Indiana:

I prefer to work in these states:

I have the following special restriction(s) as outlined here.

Deployment Guiding Principles

- Indiana Mental Health Task Force Leadership will deploy the responders with the skill sets best suited to the disaster situation.
- Deployment preferences will be considered but not guaranteed.
- Completion of District Disaster Mental Health Intervention Training does not guarantee deployment.
- Registrants recognize that all deployments require flexibility and confidentiality; that there will be ambiguity, and the training provides a guide as opposed to a prescription.

I understand and accept the Deployment Guiding Principles

Registrant signature: _____

Registrant name/date: _____

FOR DEPLOYMENT SELECTION COMMITTEE ONLY:

Assigned as

Team Leader Clinical Director Team Member

For Disaster _____

Deployment Date: _____

Deployment Duration: _____