## Applicant Information Date:

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| Personal Information |
| Full Name: |  |  |  |
|  Last | First | M.I. |
| Address: |  |  |
|  Street Address | Apartment/Unit # |
|  |  |  |  |
|  City | State | ZIP Code |
| Home Phone: |  | Alternate Phone: |  |
| E-mail Address: |  |
| Social Security Number or Government ID: |  |
| Birth Date: |  | Marital Status: |  |
| Spouse’s Name: |  |
| Job Information |
| Title: |  | Time in Role: |  |
| Agency: |  | Supervisor: |  |
| Work Location: |  | E-mail Address: |  |
| Work Phone: |  | Cell Phone: |  |
|  |
| Emergency Contact Information |
| Full Name: |  |  |  |
|  | Last | First | M.I. |
| Address: |  |  |
|  | Street Address | Apartment/Unit # |
|  |  |  |  |
|  | City | State | ZIP Code |
| Primary Phone: |  | Alternate Phone: |  |
| Relationship: |  |

As a candidate for the South Carolina Mortuary Assistance Strike Team (SCMAST), I acknowledge that my participation in the team and its activities are voluntary and contingent on completing course content and training. I also understand the mission of the team and may, in the future, be activated to respond across the state during emergencies and disasters. I further comply that I must have the approval of my Coroner to participate with the South Carolina Mortuary Assistance Strike Team (SCMAST)

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

Elected Coroner:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Member Information**

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| Skills / Team Selection |
| **Special Skills:*** D-ABMDI - Registered Diplomate of the American Board of Medicolegal Death Investigators
* F-ABMDI - Fellow of the American Board of Medicolegal Death Investigators
* CDI - Certified Death Investigator
* D-ABFA - Diplomate of the American Board of Forensic Anthropology
* F-AAFS - Fellow of The American Academy of Forensic Sciences
* Law Enforcement background
* RN / LPN - (Licensed - Clinical)
* Technician (Certification – Clinical)
* Funeral Director
* EMT/Paramedic
* Fire Service background
* Military years: \_\_\_\_\_\_\_\_\_ Service(s): \_\_\_\_\_\_\_\_\_\_\_
* Crisis Incident Debriefing Training
* Counseling/Behavioral Health
* Chaplain
* HazMat Operations / Technician
* Amateur Radio Operator
* Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
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