## Applicant Information Date:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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**

|  |
| --- |
| 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |