

**PHS-1 Disaster Medical Assistance Team
Application: Federal Employee Applicant
Signature Page**

Please state any additional comments that you feel would be pertinent to your usefulness and deployability as a PHS-1 DMAT member:

I understand that, in signing this application, I will be expected to:

1. Attend monthly Commander's Call meetings.
2. Participate in Individual and Group Training/Field Exercise.
3. Keep the PHS-1 DMAT Database Officer informed on any changes in
 - a). Home/work addresses/phone numbers
 - b). Health Status
 - c). Current job assignment
4. Secure and maintain all uniforms and equipment in a state of readiness, and return them when inactivating from the Unit.
5. Keep my immediate supervisor informed of potential deployments, and secure release from my current responsibilities within 12 hours of an activation order.
6. Deploy to where either national or international security, emergency, or disaster relief efforts are necessary within 12 hours of an activation order.

Signature: _____ Date: _____

I acknowledge that I am the immediate supervisor of the applicant named herein, and that I am aware of the requirements being imposed upon the applicant by this application. He/she has my support for this activity and I will grant his/her release to participate, unless a higher priority situation supercedes this involvement.

Signature: _____ Date: _____

Printed Name: _____