

**OAKLAND COUNTY CRITICAL INCIDENT RESPONSE TEAM
MEMO OF UNDERSTANDING**

I hereby agree to serve as a volunteer on the Oakland County Critical Incident Response Team.

As a member of this group, I will:

1. Successfully complete a CISD training program as approved by OCCRO.
2. Attend at least 2 of the regularly scheduled general membership meetings each year.
3. Participate in critical incident responses, Post Action Staff Support following any team activation, and/or assist with education and training.
4. Maintain strict confidentiality.
5. Maintain my issued OCCRO identification card securely and immediately report any loss or misplacement of it to the Team Selection/Review Committee Chairperson or President of the OCCRO Board. Upon my membership ending with the Oakland County Critical Incident Response Team, I will immediately surrender my identification card and Incident Response Vest to the Team Selection/Review Committee Chairperson, President of the OCCRO Board or Glori Macias, Oakland County Homeland Security.

The Oakland County Crisis Response Organization will:

1. Provide an orientation to the members and assist with training opportunities.
2. Provide administrative support.
3. Provide "Post Action Staff Support."

I fully understand that any breach of confidentiality regarding any debriefings and/or performance of activities deemed to be in direct conflict of interest with the team will result in immediate removal from the organization.

Signature _____ Date _____

Work Phone _____ Home Phone _____

Pager _____ Cell Phone _____

Fax _____ Email _____

Work Hours _____ Profession _____

Home Address _____

Work Address _____