



MEMBERSHIP APPLICATION

Applicant Information

Name:

Title:

Agency:

County:

Primary Phone: ()

Alternate Phone: ()

Email:

COPIN Membership Options - Please choose one

- _____ ***Response Team Member:** By selecting this membership level, I agree to:
- Contribute to COPIN by attending meetings and trainings.
 - Support COPIN initiatives where I am able.
 - Subject to my availability and the approval of my agency, I also agree to respond to a COPIN call for emergency PIO assistance to a requesting agency in the event of a major incident or disaster.

**To be considered for Response Team status, you must provide documentation of experience, education, training or certification prior to approval by the Board.*

- _____ **Supporting Member:** By selecting this membership level, I agree to:
- Contribute to COPIN by attending meetings and trainings.
 - Support COPIN initiatives where I am able.

(OVER)



COPIN Code of Conduct

COPIN members recognize the value of professionalism and genuine helpfulness when requested to assist other organizations. As such, each signatory agrees to abide by the following code of conduct:

- I will avoid self-deployment and respond only when requested as a member of COPIN or through assignment from my organization.
- I will accept the assignment I am given.
- I will avoid freelancing and follow the host organization’s public information section of the Incident Action Plan (IAP).
- I will be a positive ambassador of both my participating agency and COPIN.
- I will be considerate of the impact the event has on the host organization, and respect its limitations, its values and its standards.
- I will be a solution to the problem, and provide the highest level of service possible.
- I will get along with other guests of the host organization, and foster career and volunteer cooperation.
- I will maintain self control, discipline and patience.
- I will listen and help quietly.
- I will leave when it's time, and ask if I'm not sure.

Member Signature

Date

Please return to:

John Palmer, APR
 COPIN Chair
 c/o Ohio Hospital Association
 155 E. Broad St., Suite 301, Columbus, OH 43215-3640
 Email: John.Palmer@ohiohospitals.org
 Direct Questions to John Palmer at (614) 221-7614

<i>For Internal Use Only</i>	Date Reviewed by Board:
	<input type="checkbox"/> Response Team Member <i>(Training documents provided)</i> <input type="checkbox"/> Supporting Member