

AMERICAN MASSAGE THERAPY ASSOCIATION®

# MERT-WA

## MASSAGE EMERGENCY RESPONSE TEAM

9757 NE Juanita Drive, Suite 107, Kirkland, WA 98034  
425-823-1347, 888-302-3555, MERT@amta-wa.org

### Dear Applicant,

We are so glad you are interested in the MERT-WA program. This is an excellent volunteer program that allows members to be completely flexible in the amount of time they want to give to their communities. We have built a structured program that you as a member can come into and out of as your needs allow.

### MERT-WA Programs:

The Massage Emergency Response Team (MERT) has two programs. Our first is **Emergency Deployment**, where we respond to emergencies (floods, wildfires, earthquakes, etc.) within our state providing massage to emergency workers. The second is pre-scheduled **Community Outreach**, where we give massage to crews at fire halls, police precincts, etc. during non-emergent times.

### Eligibility:

To become a Response Team member you must be a current AMTA Professional Active member in good standing and practicing legally, **OR** be Nationally Certified in Therapeutic Massage and Bodywork (NCTMB), practicing legally and carry professional liability insurance. You must also complete MERT Responder Training. To become a MERT Team Lead the same requirements apply and in addition you must complete the MERT Leadership Training.

### The Application Process:

Check the web site ([www.amta-wa.org/mert](http://www.amta-wa.org/mert)) for scheduled Responder Training or email [mert@amta-wa.org](mailto:mert@amta-wa.org). To enroll in the class, contact the Chapter office at 425-823-1347 or [office@amta-wa.org](mailto:office@amta-wa.org). Payment by check or money order for \$30 is required no later than 5 days prior to class. Complete the MERT application and collect the required documents. Once you have completed the Responder Training class you will submit your application packet and dues. Your application will be processed and you will receive your MERT t-shirt and ID badge. You are then eligible to respond to emergency deployment and attend community outreach.

### Fees and Dues:

The fee for Responder Training is \$30.00. The fee for Leadership Training is also \$30. MERT dues for AMTA Members is \$35.00. Dues for non-AMTA members is \$45.00. MERT membership is good for one year, with renewals due July 1 of each year. If you joined the team between March 1 and July 1, your renewal will not be due until July of the following year. The renewal fee is \$15 for AMTA members and \$20 for non-AMTA members. Renewal notices will be mailed 4-6 weeks prior to due date.

If you have any questions about the MERT Program or the application, please feel free to call the Chapter Office at 425-823-1347 or email [MERT@amta-wa.org](mailto:MERT@amta-wa.org).

*The AMTA MERT® Program does not discriminate on the basis of race, color, sex, sexual orientation, religion, national origin, or marital status.*



# AMERICAN MASSAGE THERAPY ASSOCIATION MESSAGE EMERGENCY RESPONSE TEAM - WA APPLICATION

**Please Print**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

(Active members will be added to our MERT listserv)

AMTA ID# (if applicable): \_\_\_\_\_ Wash. State Massage License #: \_\_\_\_\_

Emergency Contact Name & Phone: \_\_\_\_\_

Do you have any pre-existing conditions or special needs that may be affected by your participation with MERT-WA? Please describe (use back of form if more room is needed):

\_\_\_\_\_  
\_\_\_\_\_

**Please check all of the following that apply to you:**

\_\_\_\_ First Aid/CPR Card exp. \_\_\_\_\_

\_\_\_\_ Firefighter    \_\_\_\_ EMT    \_\_\_\_ Paramedic    \_\_\_\_ Counselor    \_\_\_\_ Nurse    \_\_\_\_ other (please note)

**Shirt Order:**

Your first uniform shirt is provided to you as part of your membership dues. Any replacement shirts will need to be purchased. Shirts are navy blue with white lettering. You can choose either a ladies cut v-neck or a crew neck. Please indicate which style and size you would prefer.    \_\_\_\_ v-neck    \_\_\_\_ crew neck  
\_\_\_\_ Small    \_\_\_\_ Medium    \_\_\_\_ Large    \_\_\_\_ X-Large    \_\_\_\_ XX-Large

**Please submit the following:**

\_\_\_\_ MERT Application, Volunteer Agreement, Photo Release & Consent

\_\_\_\_ Copy of your state massage license

\_\_\_\_ Copy of your AMTA Membership certificate or card **OR** National Certification document

\_\_\_\_ Copy of your current liability insurance (if not through AMTA)

\_\_\_\_ Passport photo (used for ID badge) (Do this for free at [epassportphoto.com](http://epassportphoto.com). Follow directions to take & upload photo. Then click *No, Thanks* link instead of *Proceed to Check Out*. Print 2" x 2" photos on your own photo paper.)

\_\_\_\_ Application fee (\$35 AMTA members, \$45 non-AMTA members) Check made payable to AMTA-WA

**Your signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Below for Office use only**

Completed Application Received: \_\_\_\_\_ Photo Received: \_\_\_\_\_

Dues Paid: \_\_\_\_\_ Check #: \_\_\_\_\_

Responder Training Paid: \_\_\_\_\_ Completed: \_\_\_\_\_

Leadership Training Paid: \_\_\_\_\_ Completed: \_\_\_\_\_

T-Shirt Sent: \_\_\_\_\_

Badge Sent: \_\_\_\_\_

**AMERICAN MASSAGE THERAPY ASSOCIATION  
MESSAGE EMERGENCY RESPONSE TEAM - WA  
VOLUNTEER AGREEMENT**

**Carefully read each of the following statements prior to signing this agreement.**

- A.** I desire to participate in the AMTA MERT Program and agree to volunteer my time and professional services for a minimum of one-year.
- B.** I confirm that I meet all of the criteria required to be a "hands-on" massage therapist in the AMTA MERT program in that:
1. I have a current AMTA Professional Membership or am currently nationally certified in therapeutic massage and bodywork;
  2. I have liability insurance coverage of at least \$2,000,000 per occurrence and \$6,000,000 aggregate;
  3. I meet all licensing requirements in the state where I practice massage therapy, if applicable, and that my license is current and in good standing;
  4. I have no pre-existing conditions or special needs that would impede or prevent my ability to perform on an emergency response team;
  5. I do not have charges pending and/or have not been convicted of a crime or offense involving moral turpitude.
- C.** I also agree:
1. that I have read, understand, and will abide by the AMTA Code of Ethics for Massage Therapists.
  2. to abide by the AMTA MERT Mission Statement, AMTA MERT Goals, and the contents of this Volunteer Agreement.
  3. to take direction from my AMTA MERT Team Leader or higher chain of leadership.
  4. to follow all policies and procedures required by AMTA MERT.
  5. to graciously refuse any compensation, tips, or gifts offered in connection with my volunteer participation in the AMTA MERT Program.
  6. to get approval from my Team Leader for any change from a four-hour shift. I understand that I may work as long as I desire (with authorization), provided that I check in with my Team Leader approximately every four hours. During these check-ins, I agree to participate in a routine physical and verbal assessment to determine whether additional hours are appropriate before taking a break. I also agree to comply with my Team Leader's request for me to take a break and with my Team Leader's reassignment of me to another activity.
  7. to comply with AMTA MERT behavior, attire, and hygiene standards established to ensure consistent, unified appearance for identification purposes, and to protect myself and rescue workers who receive massage from contamination and hazardous materials that may be present at the disaster.
  8. to be responsible for my own safety.
  9. to debrief daily during an AMTA MERT response, or as often as requested by my Team Leader, and to assist my fellow team members in debriefing using established procedures.
  10. to follow AMTA MERT standards in preventing the spread of contamination and hazardous materials.
  11. to attend all required training and drills, and become familiar with and follow the standards and structure of the AMTA MERT program.
  12. to cease my participation in a response whenever requested to do so by my Team Leader or higher chain of AMTA MERT leadership.
  13. to bring my own resources during the first 72 hours after a disaster.
  14. to submit the required documentation for continued participation, including but not limited to, periodic medical examinations, incident critiques, proof of inoculation or booster shots, and proof of current licensure. I understand that hepatitis and tetanus shots may be required by law, and I hereby agree to submit myself for administration of such shots or provide proof of administration or waiver of such shots.
  15. to notify my AMTA MERT Team Leader of any sanctions placed against my massage license, within one week of the placement of such sanctions.
  16. that an AMTA MERT Team Leader or higher chain of command reserves the right to reassign or discontinue my participation, without notice, for failure to adhere to the AMTA MERT guidelines and agreements.

17. that in all phases of my participation with the AMTA MERT Program, I shall act in accordance and compliance with all applicable laws, regulations, and statutes of the United States and its individual states, local governments, or municipalities.
18. that I assume all liability for and hereby agree to indemnify the AMTA and hold the AMTA, its officers, directors, and assigns harmless from and against any and all claims, damages, losses and expenses, including attorney's fees, arising out of or occurring as a result of my actions in connection with my participation in the AMTA MERT Program, including claims for injury to myself or to a third party.
19. that this agreement is governed by and will be construed in accordance with the laws of the state of Illinois.
20. that I will provide 30 days written notice prior to resigning from the AMTA MERT program.

By my signature below, I agree that I have read, understand, and will abide by this AMTA MERT Volunteer Agreement.

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

Name (*please print*): \_\_\_\_\_

**AMERICAN MASSAGE THERAPY ASSOCIATION  
 MESSAGE EMERGENCY RESPONSE TEAM- WA  
PHOTO RELEASE AND CONSENT AGREEMENT**

For valuable consideration, I, the undersigned, hereby irrevocably consent to the unrestricted use by the AMTA MERT Program and the American Massage Therapy Association, its recipients, customers, successors, and assigns of its name, of any and all photographs and videotapes taken of me during my participation as an AMTA MERT volunteer, for all purposes, including without limitation, art, editorial, advertising, or trade, without further compensation to me.

I hereby waive any right to inspect or approve the finished photograph, advertising copy, or printed matter that may be in use in conjunction therewith, or the eventual use to which it may be applied.

In connection with the foregoing, I hereby release and hold harmless the American Massage Therapy Association the AMTA MERT Program from all liability.

I am of legal age and have the right to contract in my own name. I have read the foregoing and fully understand the contents thereof. This release shall be binding upon me and my heirs, legal representatives, and assigns.

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

Name (*please print*): \_\_\_\_\_

## **AMERICAN MASSAGE THERAPY ASSOCIATION CODE OF ETHICS**

This Code of Ethics is a summary statement of the standards by which massage therapists agree to conduct their practices and is a declaration of the general principles of acceptable, ethical, professional behavior.

### **Massage therapists shall:**

1. Demonstrate commitment to provide the highest quality massage therapy/bodywork to those who seek their professional service.
2. Acknowledge the inherent worth and individuality of each person by not discriminating or behaving in any prejudicial manner with clients and/or colleagues.
3. Demonstrate professional excellence through regular self-assessment of strengths, limitations, and effectiveness by continued education and training.
4. Acknowledge the confidential nature of the professional relationship with clients and respect each client's right to privacy.
5. Conduct all business and professional activities within their scope of practice, the law of the lane, and project a professional image.
6. Refrain from engaging in any sexual conduct or sexual activities involving their clients.
7. Accept responsibility to do no harm to the physical, mental and emotional well being of self, clients, and associates.

## **AMERICAN MASSAGE THERAPY ASSOCIATION MESSAGE EMERGENCY RESPONSE TEAM- WA MISSION STATEMENT**

The AMTA Massage Emergency Response Team is committed to respond to emergencies with the power of compassionate, professional touch to promote the health and welfare of humanity.

### **GOALS**

1. To be a leader and resource in massage emergency response as a support to emergency-responder and disaster communities.
2. To create the standard by which massage therapy at disaster is measured.
3. To have an organized and effective response structure.
4. To be aligned with governmental and non-governmental emergency management agencies.
5. To enhance the personal growth and professional development of AMTA members.
6. To be inclusive of the massage therapy community.
7. To promote the visibility of AMTA and the massage therapy profession.