**Christian County Medical Reserve Corps
 Volunteer Application Form MRC-1**

Personal Contact Information (Kept Confidential)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Name: | Last |       | First |       | Middle |       |
| Address |       | City |       | Zip |       |
| Phone: | Home |       | Work  |       | Mobile |       |
| E-mail: |       | E-mail |       |

 The following information is required for a background check. Your information will be kept confidential.

|  |  |  |  |
| --- | --- | --- | --- |
| Date of Birth: |       | Place of Birth |       |
| Drivers License Number: |       |
| Gender |  | Social Security Number |       |
| Ethnic Group |  |  |
| Have you ever been convicted of a Felony? |  | A Misdemeanor (traffic violations) |  |

Emergency Contact Information

|  |  |  |  |
| --- | --- | --- | --- |
| Name |       | Relationship |       |
| Address |       | City |       |
| State |       | Zip |       |  |
| Phone: | Home |       | Work  |       | Mobile |       |
| E-mail: |       |  |

Foreign Language:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Speak |       | Write |  | Read |  |
| Speak |       | Write |  | Read |  |
| Speak |       | Write |  | Read |  |
| Speak |       | Write |  | Read |  |
| Do you have ability to communicate using sign language? |  |  |

My Current Standing in the medical field:

[ ]  Current Missouri professional license or certification (medical & mental health)

[ ]  Medical background and experience – no license.

[ ]  Non-medical, basic support.

Professional Qualifications:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| [ ]  | Accountant | [ ]  | Epidemiologist  | [ ]  | Nurse Pract. | [ ]  | Resp. Therapist |
| [ ]  | A.C.L.S. | [ ]  | Ham Operator | [ ]  | Nutritionist | [ ]  | Social Worker |
| [ ]  | Attorney | [ ]  | Interpreter | [ ]  | P.A. | [ ]  | Veterinarian |
| [ ]  | Bus Driver | [ ]  | I T | [ ]  | Paramedic | [ ]  | X-Ray Tech |
| [ ]  | C.I.S.D. | [ ]  | LPN | [ ]  | Pharmacist | [ ]  |  |
| [ ]  | Clergy | [ ]  | Lab Tech | [ ]  | Pharmacy Tech | [ ]  |  |
| [ ]  | Counselor | [ ]  | M.D. / D.O. | [ ]  | Phlebotomist | [ ]  |  |
| [ ]  | Dentist | [ ]  | Medication Aide | [ ]  | Psychologist | [ ]  |  |
| [ ]  | EMT | [ ]  | Mortician | [ ]  | R.N. | [ ]  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| License # |       | State |       | Expiration |       |
| License # |       | State |       | Expiration |       |
| License # |       | State |       | Expiration |       |
| License # |       | State |       | Expiration |       |

Are you Board Certified? Do you have prescriptive authority?
Are you retired and licensable in good standing?

Are you part of any other emergency disaster alert system?

If yes, please explain:

**\*\*\*\*Please attach a copy of your current professional license/certification to this application.**

**AVAILABILITY:**
\* Are you available to respond to emergencies across Missouri?
\* Are you available to respond to emergencies in the surrounding states?
\* Availability: [ ] Days [ ]  Evenings [ ] Mon [ ] Tues [ ] Wed [ ] Thurs [ ] Fri [ ] Sat [ ] Sun

I prefer to be:

* [ ]  **Tier 1:** available only in the event of a large scale public health emergency. Typically, a tier 1 volunteer does not have much time available to attend pre-event trainings or exercises, yet will be expected to fulfill volunteer requirements.
* [ ]  **Tier 2:** interested in obtaining additional pre-event training, participating in exercises, may choose to volunteer in nonemergency public health functions upon request.
* [ ]  **Tier 3:** interested in accepting a leadership role within the MRC. Most tier 3 volunteers will be assigned to positions within the National Incident Management (NIMS) structure. Tier 3 volunteers may choose to attend local and out-of-town trainings, seminars and conferences. They agree to participate in planning meetings and exercises, and may choose to participate in non-emergency public health functions upon request.

Interest in a leadership position within Unit:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| [ ]  | Logistics Officer | [ ]  | Safety Officer | [ ]  | Volunteer Retention |
| [ ]  | Public Information Officer | [ ]  | Volunteer Recruitment | [ ]  |  |
| [ ]  | Volunteer Relations | [ ]  | Training Coordinator | [ ]  |  |
| [ ]  | Training Committee | [ ]  | Public Relations | [ ]  |  |

Certifications and Training:

|  |  |  |
| --- | --- | --- |
| Certification | Date | Certifying Agency |
| CPR |  |  |
| First Aid |  |  |
| CERT |  |  |
| Bloodborne Pathogen |  |  |
| NIMS 100 |  |  |
| NIMS 700 |  |  |
| NIMS 800 |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

Work Contact Information:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Occupation |       | [ ]  Full time | [ ]  Part time | [ ]  Retired |

Present Employer:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Company |       | Position |       | Phone |       |
| Address |       | City |       | State |       |
| In the event volunteers are called to respond to an emergency: Please list additional person(s) who may be used to contact you if we are unable to reach you using the information provided above. |
| Name: |       | Phone |       |
| Name: |       | Phone |       |

 Volunteer Experience:

|  |  |  |  |
| --- | --- | --- | --- |
| Organization |       | Position |       |
| Organization |       | Position |       |
| Organization |       | Position |       |
| Organization |       | Position |       |

Personal References:

|  |  |  |  |
| --- | --- | --- | --- |
| Name |       | Relationship |       |
| Home Phone |       | Work Phone |       |
| Name |       | Relationship |       |
| Home Phone |       | Work Phone |       |

I hereby certify that all the information shown above is accurate and correct and I hereby make application for member in the Christian County Medical Reserve Corps. I understand that I am applying for a volunteer position and that this is not an application for, or contract of, employment.

 I understand that every attempt will be made to reduce risks to volunteers, however some risks may be present during a public health emergency and I agree to assume my own risk as a volunteer.

 I do hereby give the Christian County Medical Reserve Corps permission to inquire into my educational background, references, driving record, police records, employment and volunteer history. If I am a licensed practitioner, I also give permission for Christian County Medical Reserve Corps to check my licensure, my certifications and the National Practitioner Database. I further give permission to the holder of any such records to release same to the Christian County Medical Reserve Corps or its sponsoring agencies. I understand that the Christian County Medical Reserve Corps will only use this information as part of its verification of my volunteer application and periodically for evaluation purposes. I do hereby hold the Christian County Medical Reserve Corp harmless from any liability, whether civil or criminal, that may arise as a result of their release of this information about me. I further hold harmless any individual, agency, business or corporation that provides information or documents to the Christian County Medical Reserve Corps. A Photocopy of this release form will be valid as an original thereof even though the said photocopy does not contain an original writing of my signature.

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

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