



Volunteer Registration

Today's Date: _____

Personal Contact Information

Last Name _____ First Name _____ Middle _____

Home Address _____ Apt. No. _____

City _____ State _____ Zip Code _____ County of Residence _____

Home Phone () _____ Work Phone () _____ ext. _____ Mobile Phone () _____

Pager Number () _____ Fax Number () _____ Email Address _____

Type of Pager (leave #, voice, text message) _____

Work Contact Information

Occupation _____ Specialty _____
 Full time Part time Retired Student

Employer _____ Address _____

City _____ State _____ Zip Code _____

Birth Date _____ Place of Birth _____ Age _____ Gender Male Female

Social Security Number _____

Marital Status _____ Spouse's Name _____

Driver's License Number _____ State Issued _____ DL Expiration Date _____

Are you an employee of a local health department? Yes No If so, which one? _____

Have you ever been convicted of a felony? Yes No

Have you ever been convicted of a misdemeanor? Yes No

What is the highest level of education you have completed? _____

Emergency Contact Information

Name _____ Relationship _____

Address _____ City _____ State _____ Zip Code _____

Daytime Phone Number () _____ Evening Phone Number () _____

Preferred Tasks

Please number in order of preference your preferred tasks in the event of an emergency:

- | | | |
|--|---|---|
| <input type="checkbox"/> Assist clients with forms | <input type="checkbox"/> Evidence preservation | <input type="checkbox"/> Mental Health |
| <input type="checkbox"/> Assist with client education | <input type="checkbox"/> Evacuation | <input type="checkbox"/> MRDD Services |
| <input type="checkbox"/> Assist with flu clinics | <input type="checkbox"/> Greeter | <input type="checkbox"/> Registration |
| <input type="checkbox"/> Assist with health screenings | <input type="checkbox"/> Ham Radio Operation | <input type="checkbox"/> Security/Law Enforcement |
| <input type="checkbox"/> Computer Support | <input type="checkbox"/> Immunizations | <input type="checkbox"/> Supply Stock |
| <input type="checkbox"/> Data entry | <input type="checkbox"/> Infectious Disease/Contact Tracing | <input type="checkbox"/> Strategic National Stockpile |
| <input type="checkbox"/> Decontamination | <input type="checkbox"/> Interpreter Services | <input type="checkbox"/> Surveillance |
| <input type="checkbox"/> Education and Training | <input type="checkbox"/> Injured or deceased animals | <input type="checkbox"/> Trauma |
| <input type="checkbox"/> Environmental Health | <input type="checkbox"/> Laboratory Capacity | <input type="checkbox"/> Triage |

Other, please describe _____

Do you speak or read a language other than English? Yes No If so, which one? _____

Do you have any public health response experience? Yes No If so, describe _____

Do you have any disaster or crisis training or experience? Yes No If so, describe _____

Immunization History

- Tetanus/Diphtheria Date: _____
- Hepatitis A Date: _____
- Hepatitis B Date: _____
- Flu Date: _____
- Smallpox Date: _____

Previous Training

Please check all training or volunteer opportunities that apply:
Please provide copies of certificates (if possible) that apply:

	Certificate		Certificate
<input type="checkbox"/> Advanced Disaster Life Support (ADLS)	_____	<input type="checkbox"/> Hazmat Awareness Level Training	_____
<input type="checkbox"/> Advanced Trauma Life Support (ATLS)	_____	<input type="checkbox"/> Incident Command Structure (ICS)	_____
<input type="checkbox"/> Basic Cardiac Life Support (BCLS)	_____	<input type="checkbox"/> Pediatric Life Support (PALS)	_____
<input type="checkbox"/> Basic First Aid	_____	<input type="checkbox"/> Unified Command Structure (UCS)	_____
<input type="checkbox"/> CERT Training	_____	<input type="checkbox"/> WMD Awareness Level Training	_____
<input type="checkbox"/> Cardiopulmonary Resuscitation (CPR)	_____	<input type="checkbox"/> American Red Cross	_____
<input type="checkbox"/> Critical Incident Stress Debriefing (CISD)	_____	<input type="checkbox"/> Disaster Medical Assistance Team	_____
<input type="checkbox"/> Hazmat Awareness Level Training	_____	<input type="checkbox"/> Disaster Mortuary Operational Response Team	_____

Other Certifications or training: _____

Medical License Number _____

Availability

Are you part of an emergency/disaster plan with another organization? Yes No

Name of Organization _____

How did you learn about the Medical Reserve Corps? _____

Please indicate when you are available for training.

<input type="checkbox"/> Sunday	<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Evening
<input type="checkbox"/> Monday	<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Evening
<input type="checkbox"/> Tuesday	<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Evening
<input type="checkbox"/> Wednesday	<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Evening
<input type="checkbox"/> Thursday	<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Evening
<input type="checkbox"/> Friday	<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Evening
<input type="checkbox"/> Saturday	<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Evening

Jurisdiction most interested in volunteering: _____

Are you willing to volunteer in neighboring jurisdictions? Yes No

Are you interested in volunteering for "Exercises"? Yes No

