

Medina County Medical Reserve Corps
VOLUNTEER APPLICATION



Please print clearly.

Today's date _____

Personal Contact Information

Title: Dr. Mrs. Ms. Mr. PhD. Other _____

Last Name _____ First Name _____ Middle _____

Home Address _____ Apt. No. _____

City _____ State _____ Zip Code _____ County of Residence _____

Home Phone (____) _____ Mobile Phone (____) _____

Email Address **(required)* _____

Date of Birth _____ Gender: Male Female

Social Security Number (optional) _____

Marital Status _____ Spouse's Name _____

Driver's License Number **(required)* _____ State Issued **(required)* _____

DL Expiration Date **(required)* _____

Work Contact Information

Occupation _____ Specialty _____

Full time Part time Retired Student

Professional License Current? ____ Yes ____ No ____ NA State(s) where licensed to practice _____

License/Certification # **(required)* _____ Expiration Date _____

Employer _____ Address _____

City _____ State _____ Zip Code _____ Work Phone, Ext _____

Work Fax (____) _____

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

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

Are you interested in volunteering for future events? Yes No

**This information is required for State database entry*

Preferred Tasks

Please check off your *preferred* tasks during 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"/> DD 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 Operator | <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 |

No preference. You may call on me for any emergency.

Other, please describe _____

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

Do you have any disaster/emergency response experience? Yes No If so, describe _____

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

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

Previous Training

Please check all current training or volunteer opportunities that apply:

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



Availability

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

Circle those you are a part of:

American Red Cross

United Way

CERT (which community): _____

Other: _____

Are you willing to attend the mandatory Medical Reserve Corps training? (4 hours) Yes No

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 |

Have you ever been convicted of a felony? Yes No

Have you ever been convicted of a misdemeanor? Yes No

Are you willing to submit to a background check if position merits? Yes No

Do you give permission to add your information to the Ohio Medical Reserve Corps (OMRC) Statewide Data Base System? Yes No [www.ohioresponds.gov]



Medina County Medical Reserve Corps
VOLUNTEER HEALTH INFORMATION FORM

Please print clearly.

Today's date _____

Personal Contact Information

Describe any restrictions you have on activities: _____

List all medications, vitamins, herbs, and over the counter drugs you usually take: _____

Please list any allergies or other medical conditions that a physician would need to be aware of:

Please circle any vaccines you have received below :

Anthrax #1 #2 #3 #4 #5 #6 Booster (date) _____ Polio MMR #1 #2
Smallpox (date) _____ Hepatitis A #1 #2 Tetanus (date) _____
Hepatitis B series #1 #2 #3 Typhoid (date) _____ Influenza (date) _____
Meningococcal (date) _____ Yellow Fever (date) _____ Tb skin test (date) _____

Emergency Contact Information

Name _____ Relationship _____

Address _____ City _____ State _____ Zip Code _____

Daytime Phone Number () _____ Evening/Cell Phone Number () _____

May we call your emergency contact person in the event of an emergency? Yes No



The Medina County Health Department recognizes its responsibility to volunteer staff to assure fair and equal treatment and will not discriminate on the basis of color, religion, sex, age or national origin, or against any qualified handicapped individual or disabled veteran. I understand that I am applying for an unpaid volunteer position and that this is not an application for or contract of employment. I further agree that as a volunteer I may not accept payment for my services and that I will incur the cost of transportation. I will also take required training when applicable. The statements made on the registration are true, complete, and accurate to the best of my knowledge. I understand that any misrepresentation, omission of information, or misleading and incomplete data shall result in disqualification from consideration or dismissal as a volunteer. The Medina County Health Department reserves the right to disqualify or reject any volunteer.

X
Signature _____

Date

Please return this form to:

**Jessica Miles, M.Ed., MCHES
Medina County MRC Coordinator
c/o Medina County Health Department
4800 Ledgewood Drive
Medina, Ohio 44256
or
Fax: (330) 723-9659**

Direct: (330) 662-0517
Email: jmiles@medinahealth.org
Visit our website: www.medinahealth.org



For Office Use Only:
Date sent to volunteer: _____
Date received: _____
Date entered into database: _____