



SAMPLE County  
MRC / CERT  
**Volunteer Application**



*You can complete this application online! Visit \_\_\_\_\_*

Date of Application: \_\_\_\_\_

**Which organization(s) are you interested in joining:**

Community Emergency Response Team (CERT): ☐

Medical Reserve Corps (MRC): ☐

**Personal Information:**

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

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

Phone Numbers: Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

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

Availability: Days: ☐ Nights: ☐ Weekends: ☐

Foreign Language: \_\_\_\_\_ Read ☐ Write ☐ Speak ☐ Interpret ☐

**Emergency Contact** (Person who can be notified in case of personal emergency):

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

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

Phone Numbers: Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

**Additional Information:**

- Are you willing to travel and volunteer outside of your county?
- Are you willing to provide transportation service?
- Do you have the ability to communicate using sign language?
- Have you been immunized against Smallpox?
- Do you have any special needs/ restrictions? If so please explain.

**Yes**

**No**

☐☐☐☐☐☐☐☐☐☐

**Comment:** \_\_\_\_\_

- In the event of an emergency, are you committed to any other organization or Institution by virtue of employment or volunteerism? If yes, please explain.

☐☐

**Comment:** \_\_\_\_\_

- Do you have particular expertise and agree to be available for consultation or response throughout the state?

☐☐

**Experience: Do you have any of the following skills?**

- ☐ CPR
- ☐ Clerical Work
- ☐ Computer Networking
- ☐ Computer Skills
- ☐ Counseling Skill
- ☐ Crowd Management
- ☐ Data Entry
- ☐ Desk Top Support
- ☐ Elderly/Disabled Assistance

- ☐ Fatality Management
- ☐ First Aid
- ☐ Food Services
- ☐ Interviewing
- ☐ Inventory Supplies / Equipment
- ☐ Foreign Language
- ☐ Loading / Shipping
- ☐ Leadership
- ☐ Other: \_\_\_\_\_

- ☐ Office Management
- ☐ Phone Receptionist
- ☐ Health Care Professional
- ☐ Search and Rescue
- ☐ Social Work
- ☐ Transportation
- ☐ Volunteer Services
- ☐ Management

**Comment:** \_\_\_\_\_

**Medical Training/Continuing Education:** Check areas where you have completed training

<input type="checkbox"/> Advanced Cardiac Life Support	<input type="checkbox"/> Hazardous Materials Training
<input type="checkbox"/> Advanced Trauma Life Support	<input type="checkbox"/> Hospital Preparedness
<input type="checkbox"/> Basic Disaster Life Support (BDLS)	<input type="checkbox"/> Incident Command Training (ICS)
<input type="checkbox"/> Basic Cardiac Life Support (BCLS)	<input type="checkbox"/> National Incident Management System
<input type="checkbox"/> Blood Borne Pathogens	<input type="checkbox"/> Isolation and Quarantine
<input type="checkbox"/> CBRNE or Weapons of Mass Destruction	<input type="checkbox"/> Critical Incident Stress Debriefing
<input type="checkbox"/> CPR /AED	<input type="checkbox"/> Pediatric Advance Life Support
<input type="checkbox"/> Triage	<input type="checkbox"/> Vaccination Administration
<input type="checkbox"/> First Aid	<input type="checkbox"/> Strategic National Stockpile (SNS)
<input type="checkbox"/> Alternate Care Centers	<input type="checkbox"/> Neighborhood Emergency Help Centers

**Health Care Professionals - Please complete the following sections if you are interested in the MRC**

**Professional Licensure, Certification, Specialties, and Experience:**

Name on license/ Certification:

State on license/ Certification:  License/ Certification Number:

Specialty within the above license:

Do you have prescriptive authority: ☐ Yes ☐ No

**Experience:** Check areas where you have the following skills / designations:

<input type="checkbox"/> DCM (Doctor of Chiropractic Medicine)	<input type="checkbox"/> Dental Technician	<input type="checkbox"/> Environmental Health Specialist
<input type="checkbox"/> DDS, DDM (Dentists)	<input type="checkbox"/> EMT (Emergency Med Tech)	<input type="checkbox"/> Epidemiologist
<input type="checkbox"/> DO (Doctor of Osteopathy)	<input type="checkbox"/> Funeral Director/Mortician	<input type="checkbox"/> Health Educator
<input type="checkbox"/> DPM (Podiatrist)	<input type="checkbox"/> Information Tech (IT)	<input type="checkbox"/> Health Officer
<input type="checkbox"/> DVM (Veterinarian)	<input type="checkbox"/> Laboratory Tech	<input type="checkbox"/> Health Planner
<input type="checkbox"/> MD (Medical Doctor)	<input type="checkbox"/> PT/OT (Physical/Occupational Therapist)	<input type="checkbox"/> Industrial Hygienist
<input type="checkbox"/> OD (Optometrist)	<input type="checkbox"/> Paramedic	<input type="checkbox"/> Microbiologist
<input type="checkbox"/> PA (Physician Assistant)	<input type="checkbox"/> Surgical Tech	<input type="checkbox"/> Pastoral Care Prof
<input type="checkbox"/> CRNA (Nurse Anesthetist)	<input type="checkbox"/> PharmD (Doctor of Pharmacy)	<input type="checkbox"/> Psychologist
<input type="checkbox"/> LPN (Licensed Practical Nurse)	<input type="checkbox"/> Pharmacy Assistant	<input type="checkbox"/> Public Info Officer
<input type="checkbox"/> NP (Nurse Practitioner)	<input type="checkbox"/> Pharmacy Technician	<input type="checkbox"/> Social Worker
<input type="checkbox"/> Nurse Midwife	<input type="checkbox"/> Registered/Licensed Pharmacist	<input type="checkbox"/> Student of Health Professions
<input type="checkbox"/> Nursing Assistant/Patient Care Associate	<input type="checkbox"/> Veterinary Technician	<input type="checkbox"/> Translator/Linguist
<input type="checkbox"/> RN (Registered Nurse)	<input type="checkbox"/> Certified/Licensed Social Worker (CSW, LCSW, other)	

Comments/Details:

As a volunteer with the Medical Reserve Corps, or the Community Emergency Response Team, I may be called upon to assist in the event of an emergency or disaster. I agree to attend an educational program to explain my role in disaster preparedness; I may be assigned duties based on my level of training and experience. I understand that submitting this application does not guarantee acceptance into the Medical Reserve Corps, or the Community Emergency Response Team. The information contained in this application is, to the best of my knowledge, truthful. I agree to serve my fellow citizens to the best of my ability.

☐ I agree with this statement

Signature:



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**APPLICANT BACKGROUND CHECK CONSENT FORM**

Organization

Applicant's Name (printed)

(First)

(Middle)

(Last)

Date of Birth:

 /  / 

Drivers License Number:

State:

Address:

City:

State:

Zip:

I,

information regarding myself. This includes the following:

- Criminal Background records / information
- Sex Offender Registry Checks
- Driving Record
- Addresses

I the undersigned, authorize this information to be obtained, either in writing or via telephone, in connection with my volunteer application. Any person, firm or organization providing information or records in accordance with this authorization is released from any and all claims of liability for compliance. Such information will be held in confidence in accordance with the organization's guidelines.

Signature:

Date:

 /  / 

Witness:

Date:

 /  /