





VIGO COUNTY MEDICAL RESERVE CORP (MRC)

VOLUNTEER APPLICATION FORM

PROFESSIONAL INFORMATION (Check all that apply)

Physician Area of Specialty Board Certified Yes No
Nurse RN LPN CNA Medical Assistant
Nurse Practitioner Area of Specialty Prescriptive Authority Yes No
Physician Assistant Area of Specialty Board Certified Yes No
EMT-P AEMT EMT-B 1st Responder State of Certification
Dentist Veterinarian Pharmacist Mental Health Practitioner Psychologist Social Worker
Environmental Health Specialist Health Educator Police/ Sheriff/ Security
Media/Communications Public Relations Clergy (Denomination) Faith-Based Recruit

Response Time

Able to Respond Immediately Available for 1-3 days
Able to respond in 24 hours Available 3 days - 1 week
Able to respond in 48 hours Available 1-2 weeks
Do you have children or family that needs to be cared for if you are activated? Yes No Contact Number

SPECIAL SKILLS (Check all that apply)

CPR Certified AED Certified First Aid Certified Social Services Special Needs Computers Clerical
Technical Specialist Logistics Operations Finance ICS 700 ICS 100 ICS 200 ICS 300 ICS 400
ICS 800 Other (describe)

DISABILITIES

Do you have any physical or medical conditions that might affect your participation in some of the activities MRC is involved in? No Yes (please describe below)

Would your primary responsibility in a health emergency be with your employer? Yes No
Are you willing to volunteer in a disaster, even if your medical expertise may not be needed? Yes No
Are you part of any other emergency/disaster alert system? Yes No
please list

For further information about the Vigo County MRC Program, please contact:
Vigo County Emergency Management Agency 915 S. Petercheff Street Terre Haute, In 47803
812-462-3217 E-Mail vcema@vigocounty.in.gov

I authorize investigation and verification of all statements contained on this application for volunteer service. It is understood that any misrepresentation or omission of facts, regardless of date of discovery, may be considered cause for termination or the withdrawal of an offer for volunteer service.

I verify that the information I have given above is current and accurate to the best of my knowledge. I also verify that I have not been convicted of a felony, or with in the last 24 months, been convicted of a misdemeanor that resulted in imprisonment. If this is incomplete or untrue, I understand that my volunteer assignment can and will be terminated.

I authorize a criminal records check to be conducted.

I verify that I am at least 18 years of age and a citizen of the United States of America.

Volunteer's Signature Date

Date Received Received By:

Date Accepted Accepted By:

