



VIGO COUNTY MEDICAL RESERVE CORPS (MRC)

VOLUNTEER APPLICATION FORM

Thank you for your interest in becoming part of Vigo County Medical Reserve Corps (MRC). As a MRC volunteer, you will be in the position to perform a valuable service to your community in the event of a disaster. Your participation in the Vigo County MRC program and training courses are the first steps toward making your community a safer place to live.

MRC Team Affiliation: **Vigo County MEDICAL RESERVE CORP TEAM** (Vigo County, Indiana)

PERSONAL INFORMATION

Name				
	First	Middle	Last	
Address				
	Street	Apt. #	City	
	County	State	ZIP Code	
Phone	(Home)	() () () () () ()	(Work)	() () () () () ()
	(Cell)	() () () () () ()	(FAX)	() () () () () ()
Email	(Home)			
	(Work)			
Age		Date of Birth		

Social Security Number - - -

Your Social Security Number will be kept confidential and will only be used for background and certification purposes.

EMERGENCY CONTACT

Name			Relationship	
Phone	(Home)	() () () () () ()	(Work)	() () () () () ()
	(Cell)	() () () () () ()		

AVAILABILITY

Are You Employed? ☐ No ☐ Part-Time ☐ Full-Time ☐ Retired

☐ Day Shift

☐ Night Shift

Are you a Student?

☐ No

☐ Part-Time

☐ Full-Time

Name of Employer

LICENSES & CERTIFICATIONS

Type		State		Number		Expires
Type		State		Number		Expires
Type		State		Number		Expires
Type		State		Number		Expires

LANGUAGES (Including American Sign Language)



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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: _____

