Washtenaw County Health Department

Washtenaw County Medical Reserve Corps

medical reserve corps

Registration Form

Please print clearly 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. _____

Cell Phone (____)_____Email Address_____

Work Contact Information

Occupation_____Specialty_____

Board Certified? □Yes □ No

□ Full time □ Part time □ Retired □ Student

Employer_____Address_____

City _____State _____Zip Code_____

Do you have prescriptive authority? □Yes □ No

Is Michigan Licensure/certification required to practice in your profession/specialty? □ Yes □ No
Michigan Licensure # _____Certification #_____Exp. Date_____

Please list credentials/certificates (current and/or inactive) that you have that may be relevant to possible volunteer activities_____

_____

_____

Have you ever had your medical license suspended? □Yes □ No If yes, please explain_____

_____

Have you ever had your medical license revoked? □Yes □ No If yes, please explain_____

_____

Background Information

Birth Date _____Place of Birth_____ Gender □ Male □ Female

Martial Status _____Spouse's Name_____

Driver's License Number _____State Issued _____Expiration Date_____

Have you ever been convicted of a felony? □ Yes □ No If yes, please explain_____

_____

Have you ever been convicted of a misdemeanor? □ Yes □ No If yes, please explain_____

_____

Will you consent to a criminal background check? □ Yes □ No

Will you consent to credential verification? □ Yes □ No

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

Do you have any personal health issues that may impact your ability to volunteer (e.g., allergies, medication issues, disabilities, special needs or being treated for a medical condition)? □ Yes □ No If yes, please list here or speak personally with the MRC Coordinator_____

_____

Please list any potentially relevant work experiences:_____

_____

_____

Please list any potentially relevant volunteer experiences:_____

_____

_____

What are your expectations for the Washtenaw County Medical Reserve Corps: _____

_____

_____

Previous Training

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

_____

Do you have any public health response experience? □ Yes □ No If yes, describe_____

_____

Do you have any disaster/crisis training or experience? □ Yes □ No If yes, describe_____

_____

Please list any other training or special skills you bring to the Medical Reserve Corps: _____

_____

_____

_____

Language other than English spoken:

_____ **Fluency:** □ Excellent □ Fair □ Poor **Read and write:** □ Yes □ No

_____ **Fluency:** □ Excellent □ Fair □ Poor **Read and write:** □ Yes □ No

_____ **Fluency:** □ Excellent □ Fair □ Poor **Read and write:** □ Yes □ No

Availability

Do you have a role in emergency/disaster preparedness/response with any other organizations? □ Yes □ No

If yes, will that role affect your availability in an emergency situation? □ Yes □ No If yes, please explain____

_____

_____

Do you have children or family members that would need care in the event that you are activated for a disaster? □ Yes □ No Ages_____Any special needs?_____

Do you have animals that would need to be cared for in the event you are activated? (**List type and number**)
□ Yes □ No ___Dog(s) ____Cat(s) ____Bird(s) ____Livestock—type:_____ Other_____

I am interested in participating in:

□ Emergency situations only
□ Emergency situations, pre-event trainings and exercises
□ Emergency situations, pre-event trainings, exercises and non-emergency public health functions

Please indicate when you are available for future trainings and to volunteer for non-emergency MRC activities (please check all that apply):

□ Sunday	□ Morning	□ Afternoon	□ Evening
□ Monday	□ Morning	□ Afternoon	□ Evening
□ Tuesday	□ Morning	□ Afternoon	□ Evening
□ Wednesday	□ Morning	□ Afternoon	□ Evening
□ Thursday	□ Morning	□ Afternoon	□ Evening
□ Friday	□ Morning	□ Afternoon	□ Evening
□ Saturday	□ Morning	□ Afternoon	□ Evening

Consent

The Medical Reserve Corps recognizes its responsibility to volunteer staff to assure fair and equal treatment and will not discriminate on the basis of color, religion, age , sexual orientation 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 Medical Reserve Corps Volunteer I may not accept payment for my services and that I will incur the cost of transportation. I will also take part in 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 Medical Reserve Corps reserves the right to disqualify or reject any volunteer.

Signature_____Date_____

Media Permission*:

I give my permission to be interviewed and/or photographed for publicity purposes. I understand that this information may appear publicly in a newspaper or other advertising media.

Signature_____Date_____

*Please note that your photograph will only be used if you sign this release.

Washtenaw County Medical Reserve Corps

Emergency Contact Information

Date:_____

Member Name:_____

Emergency Contact Information

1) Name_____ Relationship_____ Phone Number (___)_____

Address _____City _____State _____Zip Code_____

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2) Name_____ Relationship_____ Phone Number (___)_____

Address _____City _____State _____Zip Code_____

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3) Name_____ Relationship_____ Phone Number (___)_____

Address _____City _____State _____Zip Code_____

Signature:_____ Date:_____