

Whatcom County Medical Reserve Corps



Personal Information		
Name: Last	First	Middle
Home Street Address	City	State & Zip
Employer	Title/Position	Currently Employed: <input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Student <input type="checkbox"/> Retired
Work Street Address	City	State & Zip
Home Phone	Work Phone	Cell Phone
Home Email	Work Email	Date of Birth mm/dd/yyyy

Emergency Contact		
Last Name	First Name	Relationship
Street Address	City	State & Zip
Daytime Phone	Evening Phone	Cell Phone

Skills and Training		
MEDICAL LICENSE OR CERTIFICATION	OTHER	ADDITIONAL TRAINING Please Provide Documentation when applicable
<input type="checkbox"/> Doctor Specialty: <input type="checkbox"/> Physician's Assistant Specialty: <input type="checkbox"/> Dentist <input type="checkbox"/> Pharmacist <input type="checkbox"/> Nursing NP CNM RN CNRA LPN CNA Type: <input type="checkbox"/> Veterinary Specialty: <input type="checkbox"/> Paramedic/EMT/Etc. Type: <input type="checkbox"/> Therapist Type: <input type="checkbox"/> Mental Health Professional Type: <input type="checkbox"/> Other (Technician, Assistant, Etc.) Type:	<input type="checkbox"/> Clergy Denomination: <input type="checkbox"/> Informational Technologist (IT) <input type="checkbox"/> Web Page Design <input type="checkbox"/> Medical Office Management <input type="checkbox"/> Media//Public Relations/PIO <input type="checkbox"/> Grant Writing <input type="checkbox"/> Emergency Management Training <hr/> TRAINING Please Provide Documentation <input type="checkbox"/> CPR/AED or BCLS or ACLS Expires: <input type="checkbox"/> First Aid expires: <input type="checkbox"/> Privacy/HIPAA/Confidentiality <input type="checkbox"/> Universal Precautions <input type="checkbox"/> CERT Graduate <input type="checkbox"/> ICS 100 <input type="checkbox"/> NIMS 700	<input type="checkbox"/> Other ICS training Which: <input type="checkbox"/> Vaccination administration <input type="checkbox"/> Venipuncture <input type="checkbox"/> Mental Health Training for Disasters <input type="checkbox"/> Hazmat Type: <input type="checkbox"/> ATLS <input type="checkbox"/> PHTLS, CDLS, BDLS, ADLS <input type="checkbox"/> Pediatrics, PALS, ENPC, Other: <input type="checkbox"/> Geriatrics, GEMS, Other: <input type="checkbox"/> Forklift, Flagger, Commercial Drivers Lic. <input type="checkbox"/> Other: <hr/> COMMUNICATION SKILLS <input type="checkbox"/> HAM Radio Operator Call sign: Class: <input type="checkbox"/> Sign Language <input type="checkbox"/> Other Languages Which:

Current or Past Medical License/Certification		
Type	State Issued & Number	Expiration Date
Type	State Issued & Number	Expiration Date

Whatcom County Medical Reserve Corps



Additional Information
Where are you interested in volunteering? <input type="checkbox"/> Local <input type="checkbox"/> Western Washington <input type="checkbox"/> Statewide <input type="checkbox"/> Nationally <i>Note:</i>
How frequently would you like to volunteer? <input type="checkbox"/> Regularly <input type="checkbox"/> Occasionally <input type="checkbox"/> Emergency Only <i>Note:</i>
Best time to contact: <input type="checkbox"/> Daytime <input type="checkbox"/> Evenings <input type="checkbox"/> Weekdays <input type="checkbox"/> Weekends <i>Note:</i>
Are you interested in participating in non-disaster community events? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Note:</i>
Have you completed the Hepatitis B Vaccine Series? <input type="checkbox"/> Yes <input type="checkbox"/> No
Date of last Tetanus vaccination mm/dd/yyyy:
Do you have any special needs or restrictions? If so, please explain.
Please list any other emergency/disaster response groups in which you participate.
Do you have any disaster experience? Please explain.
List additional skills, training, and knowledge that you possess which would be of value in emergency situations.
List any related skills or training that you are authorized to teach. List the authorizing agency.
Why do you want to volunteer with the Whatcom County MRC?

Please provide two Professional References for us to contact		
Name	Address	City, State, and Zip
Phone Number	Alternate Phone Number	Email
Name	Address	City, State, and Zip
Phone Number	Alternate Phone Number	Email

For Office Use Only		
<input type="checkbox"/> Color/Profession Code	<input type="checkbox"/> IRIS #	<input type="checkbox"/> Emergency Worker Card #
<input type="checkbox"/> Added to Email list	<input type="checkbox"/> Entered into Training Log	Issue Date:
<input type="checkbox"/> License/Certification Approved	<input type="checkbox"/> Required training documented	<input type="checkbox"/> Photo ID issue date:
<input type="checkbox"/> References Approved	<input type="checkbox"/> Orientation Complete	<input type="checkbox"/> Shirt Issue date:
<input type="checkbox"/> Personal Interview	<input type="checkbox"/> Added to Map	Size:
<input type="checkbox"/> Photo taken for ID	<input type="checkbox"/> Added to Call List	
<input type="checkbox"/> Photo release signed	<input type="checkbox"/> Acceptance Letter Sent Date:	

Whatcom County Medical Reserve Corps



Signature Page

Please Read and initial each of the following.

I understand that the final determination for issuance of an Emergency Worker Identification Card will be at the discretion of the Director of the Whatcom County Health Department and the Whatcom County Department of Emergency Management and may be revoked by determination of DOH and/or DEM. Emergency Worker card shall be retired to the DEM and become invalid.

I understand that I must possess a valid drivers license and auto liability insurance to meet state requirements if I drive to or from a mission or training event.

I realize that as an Emergency Worker I may acquire knowledge of confidential information. I agree that release of such information to unauthorized individuals is strictly prohibited.

I understand that the MRC may take photographs of volunteers in action during trainings, exercises, and actual events. I give my permission to use my photographs on websites, in newsletters, and other publications.

The information contained in this application is complete and true. If information given in this application is not complete and true, I understand that my assignment may be terminated.

Signed _____

Date _____

Authorization to Release Information

As a candidate to volunteer for the Whatcom County Medical Reserve Corps, I authorize all employers, agencies, institutions, and references to release information for use in establishing my qualifications or suitability for the Medical Reserve Corps. Information released can include any information that has a bearing on my qualifications and suitability for the job.

I release all parties and persons connected with any such request for information from all claims, liabilities, and damages for any reason arising out of the furnishing or gathering of information. I understand all information released is completely confidential. A photocopy of this release is to be considered as valid as the original

Printed Name _____

Other names used in Past (and Dates Used) _____

Signature _____

Date _____

Whatcom County Sheriff's Office

Background Check

Medical Reserve Corps

Last Name: _____ First: _____ Full Middle Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Maiden Name: _____ Aliases: _____

Drivers License #: _____ SSN: _____

Home Phone: _____ Work Phone: _____ Cellular Phone: _____

Date of Birth: _____ Eye Color: _____ Hair Color: _____

Sex: _____ Height: _____ Weight: _____ Race: _____

Background Information:

Any driving restrictions? _____

Any driving endorsements? _____

Have you ever been investigated or arrested for a crime? _____

If yes, please explain: _____

(Answering yes will not be an automatic disqualifier. Factors will be considered due to the nature, seriousness of the act, and the age and maturity of the applicant at the time of the act.)

Please understand, by signing this application you are acknowledging and approving the Whatcom County Sheriff's Office to make inquiries into your background, criminal history, and driving records.

I certify that to the best of my knowledge the above information is true and correct.

Signed: _____ Date: _____

If your application is denied you have 30 days to appeal in writing to the Whatcom County Sheriff's Office Volunteer Services Coordinator at 311 Grand Avenue, Bellingham, WA 98225

For Official Use Only:

AS400/Longarm: _____

NCIC III/WASIC: _____

Drivers Check: _____

Abstract of Driving Record: _____