Washtenaw County 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_____

2) Name_____ Relationship_____ Phone Number (___)_____

Address _____City _____State _____Zip Code_____

3) Name_____ Relationship_____ Phone Number (___)_____

Address _____City _____State _____Zip Code_____

Signature:_____ Date:_____