

Medina County Medical Reserve Corps
VOLUNTEER APPLICATION



Please print clearly.

Today's date _____

Personal Contact Information

Title: Dr. Mrs. Ms. Mr. PhD. Other _____

Last Name _____ First Name _____ Middle _____

Home Address _____ Apt. No. _____

City _____ State _____ Zip Code _____ County of Residence _____

Primary Phone () _____ Alternate Phone () _____

Email Address **(required)* _____

Date of Birth _____

Gender: ☐ Male ☐ Female ☐ Non-Binary/Gender Fluid ☐ Prefer not to respond ☐ Not listed _____

Driver's License Number **(required)* _____ State Issued **(required)* _____

DL Expiration Date **(required)* _____

Work Contact Information

Occupation _____ Specialty _____

☐ Full time ☐ Part time ☐ Retired ☐ Student

Professional License Current? ____ Yes ____ No ____ NA State(s) where licensed to practice _____

License/Certification # **(required)* _____ Expiration Date _____

Employer _____ Address _____

City _____ State _____ Zip Code _____ Work Phone, Ext _____

Work Email _____

Are you an employee of a local health department? ☐ Yes ☐ No If so, which one? _____

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

Are you interested in volunteering for future events? ☐ Yes ☐ No

**This information is required for State database entry*

Preferred Tasks

Please check off your *preferred* tasks during an emergency:

- | | | |
|--|---|---|
| <input type="checkbox"/> Assist clients with forms | <input type="checkbox"/> Evidence preservation | <input type="checkbox"/> Mental Health |
| <input type="checkbox"/> Assist with client education | <input type="checkbox"/> Evacuation | <input type="checkbox"/> Registration |
| <input type="checkbox"/> Assist with flu clinics | <input type="checkbox"/> Greeter | <input type="checkbox"/> Security/Law Enforcement |
| <input type="checkbox"/> Assist with health screenings | <input type="checkbox"/> Ham Radio Operator | <input type="checkbox"/> Strategic National Stockpile |
| <input type="checkbox"/> Computer Support | <input type="checkbox"/> Immunizations | <input type="checkbox"/> Supply/Stock |
| <input type="checkbox"/> Data entry | <input type="checkbox"/> Infectious Disease/Contact Tracing | <input type="checkbox"/> Surveillance |
| <input type="checkbox"/> Decontamination | <input type="checkbox"/> Interpreter Services | <input type="checkbox"/> Trauma |
| <input type="checkbox"/> Developmental Disabilities | <input type="checkbox"/> Injured or deceased animals | <input type="checkbox"/> Triage |
| <input type="checkbox"/> Education and training | <input type="checkbox"/> Laboratory capacity | |
| <input type="checkbox"/> Environmental health | | |

☐ No preference. You may call on me for any emergency.

Other, please describe _____

Do you speak or read a language other than English? ☐ Yes ☐ No If so which one? _____

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

Do you have any public health response experience? ☐ Yes ☐ No If so, describe _____

Do you have any disaster or crisis training experience? ☐ Yes ☐ No If so, describe _____

Previous Training

Please check all current training or volunteer opportunities that apply:

- | | |
|---|--|
| <input type="checkbox"/> Advanced Disaster Life Support (ADLS) | <input type="checkbox"/> American Red Cross |
| <input type="checkbox"/> Advanced Trauma Life Support (ATLS) | <input type="checkbox"/> Disaster Medical Assistance Team |
| <input type="checkbox"/> Basic Cardiac Life Support (BCLS) | <input type="checkbox"/> Disaster Mortuary Operational Response Team |
| <input type="checkbox"/> Basic Disaster Life Support (BDLS) | Other Certifications or training: _____ |
| <input type="checkbox"/> Basic First Aid | _____ |
| <input type="checkbox"/> CERT training (Community Emerg. Response Team) | _____ |
| <input type="checkbox"/> Cardiopulmonary Resuscitation (CPR) | |
| <input type="checkbox"/> Critical Incident Stress Debriefing (CISD) | |
| <input type="checkbox"/> Hazmat Awareness Level training | |
| <input type="checkbox"/> Incident Command Structure (ICS) | |
| <input type="checkbox"/> Pediatric Life Support (PALS) | |
| <input type="checkbox"/> Unified Command Structure (UCS) | |
| <input type="checkbox"/> WMD Awareness Level training | |



Registration with State System

To FULLY complete your application process with the Medina County MRC, each volunteer is required to register on the state database system, *Ohio Responds*. Ohio Responds is the state system used to alert, inform, and communicate with Ohio MRC volunteers. It is not only a notification system, but the Ohio Responds website, provides important resources and information for MRC volunteers.

You must go online to www.ohioresponds.odh.ohio.gov and register as a MRC volunteer. This is an important part of the application process as a MRC volunteer. In addition, registering on Ohio Responds provides volunteers with limited liability protection during events and activities.

As a Medina County MRC volunteer, I understand and will comply with the requirement to register as a MRC volunteer with Ohio Responds. Name _____ Date _____

If the situation merits, (ie: no access to Internet/computer; physically unable) do you give the Medical Reserve Corps Coordinator permission to register your information with Ohio Responds (www.ohioresponds.gov)?

☐ Yes ☐ No

Availability

Are you part of an emergency/disaster plan with another organization or employer? ☐ Yes ☐ No

Circle those you are a part of:

American Red Cross

United Way

CERT (Community Emergency Response Team)

Other: _____

Are you willing to attend the mandatory Medical Reserve Corps training? (4 hours) ☐ Yes ☐ No

Please indicate when you are available for training:

<input type="checkbox"/> Sunday	<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Evening
<input type="checkbox"/> Monday	<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Evening
<input type="checkbox"/> Tuesday	<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Evening
<input type="checkbox"/> Wednesday	<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Evening
<input type="checkbox"/> Thursday	<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Evening
<input type="checkbox"/> Friday	<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Evening
<input type="checkbox"/> Saturday	<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Evening

Have you ever been convicted of a felony? ☐ Yes ☐ No

Have you ever been convicted of a misdemeanor? ☐ Yes ☐ No

Are you willing to submit to a background check if position merits? ☐ Yes ☐ No



Please print clearly.

Health Information

Describe any restrictions you have on activities: _____

List all medications, vitamins, herbs, and over the counter drugs you usually take: _____

Please list any allergies or other medical conditions that a physician would need to be aware of:

Emergency Contact Information

Name _____ Relationship _____

Address _____ City _____ State _____ Zip Code _____

Primary Phone () _____ Alternate Phone () _____

May we call your emergency contact person in the event of an emergency? ☐ Yes ☐ No



The Medina County Health Department recognizes its responsibility to volunteer staff to assure fair and equal treatment and will not discriminate on the basis of race, ethnicity, religion, gender, age, sexual orientation or national origin. 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 volunteer I may not accept payment for my services and that I will incur the cost of transportation. I understand that I will be required to complete the registration process with the state database system, Ohio Responds, by going to www.ohioresponds.odh.ohio.gov and registering as a Medical Reserve Corps volunteer. I will also take an approved training every year for liability protection purposes and to maintain active status as a Medical Reserve Corps volunteer. 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. I understand that the Medina County Health Department reserves the right to disqualify or reject any volunteer.

X

Signature

Date

Please return this form to:

**Jessica Miles, MEd, MCHES
Medina County MRC Coordinator
c/o Medina County Health Department
4800 Ledgewood Drive
Medina, Ohio 44256
or
Fax: (330) 723-9697**

Direct: (330) 662-0517
Email: jmiles@medinahealth.org
Visit our website: www.medinahealth.org



For Office Use Only:

Date sent to volunteer: _____

Date received: _____

Date entered into database: _____