



Southwest Idaho Medical Reserve Corps

Mailing Address: P.O. Box 850, Caldwell, 83606

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Telephone: 208-455-5324 Fax: 208-454-7722

<http://www.southwestidistricthealth.org>

MRC VOLUNTEER APPLICATION

Please print or type

Name			
Mailing Address		City	State Zip
Home Phone	Work Phone	Cell Phone	Other
Email	Bilingual Skills: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Read <input type="checkbox"/> Write <input type="checkbox"/> Speak	Please list languages:	
Do you have any health concerns that require accommodations? <input type="checkbox"/> Yes <input type="checkbox"/> No		Please explain:	
Current Employer (Name, address, phone)			
Type: <input type="checkbox"/> Medical <input type="checkbox"/> Doctor <input type="checkbox"/> Nurse <input type="checkbox"/> Pharmacy <input type="checkbox"/> Other _____	Type: <input type="checkbox"/> Non-Medical CERT: _____ COPS: _____ Other: _____	Preferred means of communication: <input type="checkbox"/> Mail to above address <input type="checkbox"/> Email to above <input type="checkbox"/> Mail to: _____ <input type="checkbox"/> Home Phone <input type="checkbox"/> Work Phone <input type="checkbox"/> Cell <input type="checkbox"/> Other	
License or Certificate/Registration Number (<i>Medical Only</i>)		State License Held	Specialty
Level of Membership: <input type="checkbox"/> Active: Receives notification of ALL training opportunities, drills and exercises, emergency events, as well as non-emergency volunteer opportunities. <input type="checkbox"/> Limited: Receives notification of drills and exercises and ALL emergency events <input type="checkbox"/> Emergency Only: Receives notification of only major emergency events			
Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No A misdemeanor other than a traffic violation? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:			
A Criminal Background Check <u>may</u> be required of some volunteers: <input type="checkbox"/> Yes, I agree that a background check may be performed. <input type="checkbox"/> No, I do not wish to have a background check performed. <i>Note: Refusal of a background check does not automatically eliminate you from consideration for volunteer service.</i>		Location Preference for Responding: <input type="checkbox"/> Adams County <input type="checkbox"/> Out of District <input type="checkbox"/> Canyon County <input type="checkbox"/> Out of State <input type="checkbox"/> Gem county <input type="checkbox"/> Payette County <input type="checkbox"/> Owyhee County <input type="checkbox"/> Washington County	
MRC Volunteer Signature:		Date: ____/____/____	
Volunteer Coordinator Signature:		Date: ____/____/____	
District Director Approval:		Date: ____/____/____	
<i>Privacy Act Statement: This information is requested by Southwest District Health for the purpose of organizing volunteers and staff to respond to public health emergencies. Information will be placed in the State Learning Management System Database. It will not be utilized or released for any other purposes without your permission.</i>			

Linda Anthony, MPH, RN

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Medical Reserve Corps Volunteer Coordinator

Office of Public Health Preparedness

Southwest District Health, Caldwell, Idaho 83605