



Sacramento Medical Reserve Corps

Volunteer Application

Which classification best describes you?

- Community Health Volunteer (non-medical)
- Health Care Professional (medical)

Personal Information

Last Name: _____ First Name: _____ Middle: _____

Address: _____ City: _____

State: _____ Zip: _____ County _____

Phone (Home): _____ Phone (Work): _____

Phone (Cell): _____ E:mail: _____

Gender: M F Date of Birth _____

Drivers License Number (Please attach a copy of your photo ID) _____

Employer _____

Emergency Contact: _____ Phone Number _____

Medical Conditions the MRC should be aware of, including allergies: _____

Are you willing to volunteer outside of our region in the event of an emergency? Yes No

Are you able to stand for extended periods? Yes No

Are you able to volunteer 12 to 24 hours at a time, if activated for an emergency? Yes No

Can you lift at least 20 to 25 pounds? Yes No

How did you learn about the Sacramento Medical Reserve Corps? _____

Skills

Health Care Professionals – Please attach a copy of your license or certification.

Name on License or Certification: _____

Licensed/Certified As: _____ License/Certification # _____

Licensing Agency and State: _____ Expiration Date: _____

List any specialties within your professional licensure(s): _____

Do you have prescriptive authority? Yes No

Do you carry malpractice insurance? Yes No

Section to be completed by the MRC Program Coordinator

Date License/Certification Verified: _____ By Whom: _____

Date Issued: _____ Expires: _____

Actions: _____

Do you speak or write languages other than English? If so, which ones?

Training/Continuing Education: Check areas where you have completed Training/CE

- Blood Borne Pathogens
- CPR/AED
- Disaster Preparedness Training
- First Aid
- Incident Command Training (ICS)
- National Incident Management System (NIMS)
- Psychological First Aid
- START Triage

Amateur Radio License (Please list license level and call letters): _____

Please list any other skills you bring the Medical Reserve Corps: _____

I hereby certify that all the information shown above is accurate and correct and I hereby make application for membership in the Sacramento Medical Reserve Corps. I understand that a background check will be completed and submitting this application does not guarantee acceptance into the Medical Reserve Corps. I understand that I am applying for a volunteer position and that this is not an application for, or contract of, employment.

I understand that I may have access and exposure to confidential health information as a volunteer for the Sacramento Medical Reserve Corps and that HIPAA confidentiality policies apply.

The Sacramento Medical Reserve Corps intends to mitigate the risk of injury and to prevent injuries to its registered volunteers resulting from their participation in the Medical Reserve Corps. Every attempt will be made to reduce any risk of injury through training, education, and use of universal precautions. In addition, volunteers will only be matched to positions for which they have the skills and qualifications to fulfill safely.

Be aware, however, that some unanticipated risk possibilities may be present both during a public health emergency and during non-emergency work with direct patient contact. Medical Reserve Corps volunteers agree to assume any and all risk of injury or damage resulting from any accident or incident encountered as a volunteer. Any incidents, accidents or injuries should be reported to the Program Coordinator immediately.

Signature of Applicant

Date

Please return application form to:

Sacramento Medical Reserve Corps
Sacramento Office of Emergency Services
3720 Dudley Blvd., McClellan, CA, 95652