



Summit County Medical Reserve Corps VOLUNTEER REGISTRATION FORM

Please print clearly and use ink pen.

Today's date _____

Personal Contact Information

Title: *Dr. PhD. MD Mrs. Mr. Ms. Other* _____ (circle one)

Last Name _____ First Name _____ Middle Initial _____

Home Address _____ Apt. No. _____

City _____ State _____ Zip Code _____ County of Residence _____

Date of Birth ____ / ____ / ____ Gender: Male Female

Home Phone (____) _____ Work Phone (____) _____ Ext: _____

Mobile Phone (____) _____ Fax Number (____) _____

Email Address _____

Employment Information

Employer _____ Address _____

City _____ State _____ Zip Code _____

Occupation _____ Specialty _____

Professional License Current? ____ Yes ____ No ____ NA License Expiration date _____

State(s) where licensed to practice _____

Full time Part time Retired Student License/Certification # _____

Do you speak or read a language(s) other than English? Yes No If so, which language(s)? _____

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 _____

Please check all current training or volunteer opportunities that apply:

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



Are you a part of an emergency/disaster plan with another organization? Yes No

Circle those you are a part of:

American Red Cross

United Way

CERT (which community): _____

Other: _____

Are you willing to attend the four hour mandatory Medical Reserve Corps training? Yes No

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

Do you give permission to add your information to the Ohio Medical Reserve Corps (OMRC) Statewide Data Base System? Yes No

The Summit County Ohio Citizen Corps/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, sex, age 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 volunteer I may not accept payment for my services and that I will incur the cost of transportation. I will also take required training when applicable. The statements made on the registration form 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 Summit County Ohio Citizen/Medical Reserve Corps reserves the right to disqualify or reject any volunteer.

X _____
Signature

Date

Please Return Completed Form To:
Marlene Martin
Summit County Medical Reserve Corps Coordinator
Summit County Health District
1100 Graham Road Circle
Stow, Ohio 44224
(330) 926-5740 or Fax (330) 923-7558
mmartin@sched.org