



Orange County Medical Reserve Corps Volunteer Application



Please print clearly

Mr. Ms. Mrs. Dr.

Name: _____
Last First Middle

Address: _____ City: _____ ZIP: _____

Email: _____ Date of Birth: _____

Ph: HM (____) _____ WK (____) _____ CEL (____) _____ PGR (____) _____

License (Professionals with a current license or certification in any health or mental health field)

List all Professional Licenses State Issued & Number Expiration Date

Do you have prescriptive authority? Yes No

I understand that my credentials / licenses (if applicable) will be verified. ____ (initial)

Skills

What languages do you **spea**k or understand other than English? Please list and indicate level of fluency: *(Include sign language)*

| Languages spoken: | Level of fluency (check one) | Read | Write |
|-------------------|--|--|--|
| _____ | <input type="checkbox"/> Excellent <input type="checkbox"/> Fair <input type="checkbox"/> Poor | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| _____ | <input type="checkbox"/> Excellent <input type="checkbox"/> Fair <input type="checkbox"/> Poor | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |

List any other special skills you bring to the Medical Reserve Corps.

Certifications & Training Completed Include agency providing training & length of training.

Please complete the second page of the application.

Level of Involvement: Please check all that apply.

- CE/Training Opportunities
- Disaster Exercises
- Public Health Clinics
- Actual Emergencies – Local
- Actual Emergencies – Out of the County

Preferred Method of Communication for Routine Matters. Please check one.

- US Postal Mail Email

Medical Reserve Corps (MRC) Membership Directory: I authorized the following information to be published in the directory. This directory will be distributed to MRC Membership and Advisory Council only.

- Name Address Email Home Phone Work Phone
 Cell Phone Pager Suffix: MD RN NP RPh other: _____

Are you part of an emergency/disaster plan with any other organization? (Such as the American Red Cross, hospital, etc.)

- Yes No If yes, please list: _____

Convictions: As an adult, have you ever been convicted of a crime by any court? (Omit minor traffic violations) Yes No
If "Yes," complete details below. Please note that conviction is not an automatic bar to placement. Each case is considered individually. Please include: Offense(s), place(s), date(s), and penalty(s):

Volunteer Guidelines and Provisions:

State law provides specific immunities during your service in a declared disaster and The Board of Supervisors may authorize certain insurance provisions to the benefit of MRC volunteers. Any such coverage will be provided in detail to volunteers prior to their service as a MRC volunteer.

The County of Orange and its officers, employees and agents shall not be held liable for any death, injury or property damage claims arising from volunteer work. If any claim arises out of the foregoing, the volunteer shall defend, indemnify and save harmless the County of Orange and its officers, employees and agents from same.

I hereby certify that all statements contained on this application are true to the best of my knowledge, and that by signing this agreement, I understand and agree to the above volunteer guidelines and provisions.

Signature

Date

An Equal Opportunity Employer Notice of Non-Discrimination
Orange County Health Agency does not discriminate on the basis of race, color, national origin, sex, age, or disability.

Please return your application to:
OC Medical Reserve Corps
405 W. Fifth Street, Suite 301A
Santa Ana, CA 92701

| Application | |
|--------------------|-------|
| Approved | _____ |
| Denied | _____ |
| Date & Initials | _____ |