



Medical Reserve Corps

Harris County, Texas

Volunteer Application

Name: _____
Last First Middle

Home Address:
Street _____

City _____ State _____ Zip Code _____

Work Address:
Street _____

City _____ State _____ Zip Code _____

Sex: _____

Date of Birth: _____

Telephone: Home _____ Work _____ Mobile _____
Pager _____

Email: Home _____ Work _____

FAX: _____

In order of importance (1 being most important), how may we contact you if there is an emergency in which we require your assistance?

Mobile Pager Work Phone Home Phone

Work E-Mail Home E-Mail Other: _____

Education (check highest level) High School College Graduate School

Other _____

Occupation: _____ Full time Part time Retired

Employer: _____ **Title:** _____

Retired: no yes (year _____)

Will you submit to a background check? Yes No

Have you ever been convicted of a crime or felony? Yes No

If Yes, please explain: _____

Professional Information:

Please check your profession/occupation

___ Physician/DO: Areas of Specialty: _____
Board Certified? ___Yes ___No
Board _____

___ Dentist: Areas of Specialty: _____

___ Nurse: ___RN ___LPN ___Nurse Practitioner
Do you have prescriptive authority? ___Yes ___No
Areas of Specialty: _____

___ Chiropractor

___ Emergency Medical Technician

___ Paramedic

___ Physician Assistant

___ Pharmacist

___ Psychiatrist/Psychologist

___ Other Mental Health Practitioner - Specify: _____

___ Social Worker LSCSW LMSW LBSW _____

___ Nurse Assistant

___ Community Health Worker

___ Medical Assistant

___ Phlebotomist

___ Veterinarian

___ Public Health Professional - Area of Interest _____

___ Health Educator

___ Health technician

Type: _____

___ Clerical Assistant

___ Other: _____

Do you have a current Texas license or certification to practice in your profession and field of specialty?

___Yes ___No License Number: _____ Certification Number: _____

****Please include a copy of your Texas license/certification****

Has your license ever been suspended or revoked? ___Yes ___No
If yes, please explain: _____

Have you ever been denied privileges? ___Yes ___No
If yes, please explain: _____

Do you have professional malpractice insurance?

___Yes Company _____ Policy Number _____

___No

Are you part of any other emergency/disaster alert system? ___Yes ___No

Please list other systems: ___Red Cross ___Nurse Alert Network ___Search and Rescue

___VOAD (Volunteer Organizations Active in Disaster) Other: _____

Have you been a member of the US Armed Forces? ___Yes ___No

Which branch? _____ Exit Rank: _____

Specialty: _____ Specialty Training: _____

Are you CPR certified? __Yes __No __ALS
Are you First Aid certified? __Yes __No __ATLS

Language fluency (other than English): _____

Do you have a current Texas license to operate a motor vehicle? __Yes __No
License # _____

Do you have a disability? __Yes __No
If Yes, what arrangements, if any, can be made for you to undertake the role for which you are applying? _____

Do you have any allergic reactions to certain drugs or substances? __Yes __No
If Yes, what arrangements, if any, can be made for you to undertake the role for which you are applying? _____

Please list your current immunizations: _____

Do you have children or family members that would need care in the event that you are activated?
__Yes __No
Emergency contact person and numbers: _____

1st #: _____ 2nd #: _____ Other : _____

How did you learn about the MRC? _____



Areas of Interest Indicate your areas of interest by checking below (you may check more than one area)

During an Emergency

Licensed Volunteers (LEVEL 1-Red)

- Assist with Vaccination Mental Health consultation Triage Medical Screening
- Pharmaceutical distribution Hospital and Clinical Staff augmentation/rotation

Non-Licensed Healthcare Volunteers (LEVEL 2-Green)

- Interpreters Greeters Educators/On-site training Registration/Assistance with paperwork

Non-medical Volunteers (LEVEL 3-Blue)

- Assist in flu/immunization clinics Language interpreter/translator Assist with clinic flow
- Forms completion and collection Supply/Stocking Other logistics support Other as needed

Non-Emergency Opportunities (check your preferences)

Work Directly With Patients/Clients

Interpreters Assist with Flu/immunization clinics Other as needed

Provide Indirect Support (little or no patient contact)

Computer support Clerical assistance Provide education and/or presentations on preparedness topics

Other as needed

Availability Indicate the times when you are available to volunteer (for non-emergency)

<input type="checkbox"/> Monday Morning Noon Afternoon Evening	<input type="checkbox"/> Tuesday Morning Noon Afternoon Evening	<input type="checkbox"/> Wednesday Morning Noon Afternoon Evening	<input type="checkbox"/> Thursday Morning Noon Afternoon Evening	<input type="checkbox"/> Friday Morning Noon Afternoon Evening	<input type="checkbox"/> Saturday Morning Noon Afternoon Evening	<input type="checkbox"/> Sunday Morning Noon Afternoon Evening
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I hereby certify that all the information shown above is accurate and correct and I hereby make application for membership to the Harris County 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 every attempt will be made to reduce risks to volunteers, however, some risks may be present during a public health emergency and I agree to assume my own risk as a volunteer.

Signature of applicant

Date

Please return application for to
 Sandy Steigerwald, MRC Coordinator
 Gateway to Care
 5668 West Little York, Ste 105 Houston, TX 77091
 Phone: 281-820-4616 Fax: 281-820-4628
 Sandra_Steigerwald@hchd.tmc.edu