

Brazos County Health District Medical Reserve Corps



Volunteer Application

Please Print

Personal Contact Information

Full Name (Last, First, Middle)		Preferred Name (if applicable)	
Mailing Address		City	County
Home Phone	Cell Phone	E-mail Address (personal)	

Work Information

Present Employer	Occupation	Work Phone
Work Address		Work Status <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Retired

Date of Birth	Place of Birth	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
Driver's License: (#, State, Expiration & Type)	Race: <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian/Pacific <input type="checkbox"/> Other	
Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No A misdemeanor? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please explain:	

Professional Licensure Information:

It is **NOT** necessary to hold a professional license to join the Medical Reserve Corps.

Name on License	License Type
License Number & Expiration Date	Do you have Prescriptive Authority? <input type="checkbox"/> Yes <input type="checkbox"/> No

Certifications, Skills, & Foreign Language

Please list any certifications or trainings and date of completion:	
1.	
2.	
3.	
4.	
5.	
Please list any specialized skills with relevance to the Medical Reserve Corps:	Please list any foreign languages spoken/written:
1. _____	1. _____
2. _____	2. _____
3. _____	3. _____

How did you hear about Brazos County Health District MRC?			
<input type="checkbox"/> Brazos County Health District website	<input type="checkbox"/> TDVR	<input type="checkbox"/> MRC Volunteer	<input type="checkbox"/> Other:
<input type="checkbox"/> National MRC website	<input type="checkbox"/> Web search	<input type="checkbox"/> Brazos County Employee	

Emergency Contact Information

In case of emergency, please contact:		Relationship:
Daytime Phone:	Evening Phone:	
Do you have any personal health issues that would impact your ability to volunteer?	If yes, please list here:	
<input type="checkbox"/> Yes <input type="checkbox"/> No		

Education

Highest Level of Education:		Year Graduated:
<input type="checkbox"/> High School <input type="checkbox"/> College <input type="checkbox"/> Graduate School <input type="checkbox"/> Other: _____		
Name of Graduating School	Degree	Major

Affiliations:

<p>Are you a Brazos County employee? (Employment with Brazos County does not disqualify you from volunteering with the MRC)</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	<p>If yes, with which department do you work?</p> <p>■</p>
<p>Are you part of an emergency/disaster plan with any other organization?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	<p>If yes, please explain:</p>

I hereby certify that all information on this application is accurate and correct, and I hereby make application to the Brazos County Health District Medical Reserve Corps. I understand that I am applying for a volunteer position, and this is not an application for, nor a contract of, employment. I understand that this application does not automatically make me a credentialed volunteer and that further interviews and training will take place.

I understand that every attempt will be made to reduce the risks to volunteers; however, some risks may be present during a public health emergency or disaster.

I further understand and give written permission for the Brazos County Health District Medical Reserve Corps to submit my name for my professional licensure status to be verified.

Signature of Applicant

Date

