

Meigs County Medical Reserve Corps
VOLUNTEER REGISTRATION

Please print clearly.

Today's date _____

Personal Contact Information

Title: Dr. Mrs. Mr. Ms. **Are You Interested in Volunteering for future Events?** Yes No

Last Name _____ First Name _____ Middle _____

Home Address _____ Apt. No. _____

City _____ State _____ Zip Code _____ County of Residence _____

Home Phone () _____ Work Phone () _____ ext _____

Mobile Phone () _____ Email Address _____

Occupation _____ Specialty _____

Professional License Current? ___ Yes ___ No ___ NA State(s) where licensed to practice _____

Full time Part time Retired Student License/Certification # _____

Employer _____ Address _____

City _____ State _____ Zip Code _____ Work Phone, Ext _____

Birth date _____ Place of Birth _____ Age _____ Gender Male Female

Driver's License Number _____ State Issued _____ DL Expiration Date _____

Medical Volunteers – Licensed

- | | | |
|---|---|---|
| <input type="checkbox"/> Nurses Aid | <input type="checkbox"/> Nurse, LPN/ RN | <input type="checkbox"/> Pharmacy Tech |
| <input type="checkbox"/> Nurse Practitioner | <input type="checkbox"/> Medic | <input type="checkbox"/> Dentist |
| <input type="checkbox"/> Veterinarian | <input type="checkbox"/> Medical Records | <input type="checkbox"/> Massage/Chiropractic |
| <input type="checkbox"/> Physicians Assistant | <input type="checkbox"/> Physician | <input type="checkbox"/> Pharmacist |
| <input type="checkbox"/> EMT/EMS | <input type="checkbox"/> Mental Health Counseling/Social Work | |

Do you speak or read a language other than English? Yes No

If so which one(s)? _____

Do you have any disaster/emergency/public health response experience? Yes No If so, describe _____

Preferred Tasks

- | | | |
|--|--|---|
| <input type="checkbox"/> Assist with client education | <input type="checkbox"/> Volunteer Management | <input type="checkbox"/> MRDD Services |
| <input type="checkbox"/> Assist with flu clinics | <input type="checkbox"/> Greeter | <input type="checkbox"/> Registration |
| <input type="checkbox"/> Assist with health screenings | <input type="checkbox"/> Ham Radio Operator | <input type="checkbox"/> Security/Traffic |
| <input type="checkbox"/> Computer Support | <input type="checkbox"/> Immunizations | <input type="checkbox"/> Supply/Stock |
| <input type="checkbox"/> Data entry | <input type="checkbox"/> Clinic Set-up/Tear-down | <input type="checkbox"/> Strategic National Stockpile |
| <input type="checkbox"/> Decontamination | <input type="checkbox"/> Interpreter Services | <input type="checkbox"/> Public Speaking |
| <input type="checkbox"/> Education and training | <input type="checkbox"/> Childcare | <input type="checkbox"/> Mailings/Newsletters |
| <input type="checkbox"/> Environmental health | <input type="checkbox"/> Homebound Services | <input type="checkbox"/> Triage |

Other: _____

Background

- A. Have you ever been convicted of a felony? Yes No
- B. Have you been convicted of a misdemeanor in the past 5 years? Yes No
- C. Are you registered as a sex offender? Yes No
- D. Have you been convicted of a criminal violation in the past 2 year? Yes No
- E. Have you been convicted of a drug or alcohol related offence in the past 5 years? Yes No
- F. Do you have a current EPO or DVO in place? Yes No
- G. Are you willing to submit to a background check? Yes No

The Meigs County Health Department 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 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 Meigs County Health Department reserves the right to disqualify or reject any volunteer.

Signing signifies that you are willing to register on the www.OhioResponds.gov database, a requirement for liability coverage while you are volunteering during a declared disaster, training, or exercise. The information on this form and background check results will be kept locally and confidentially for access by the Meigs MRC Coordinator.

X _____
Signature

Date

Please return this form to:
Meigs County MRC Coordinator
Meigs County Health Department
112 E. Memorial Drive, Suite A
Pomeroy, OH 45769
(740) 992-6626

