



**Nassau County
Department of Health**

MEDICAL RESERVE CORPS

100 Carman Avenue – East Meadow, New York 11554
Voice: 516-573-0750 – Fax: 516-573-0757

***M*edical *R*eserve *C*orps
Volunteer Application**

I. Personal Contact Information

Last Name _____ First Name _____ MI _____

Date of Birth _____ Social Security # _____

Home Address: Street _____ Apt.# _____

Town _____ State _____ Zip Code _____

Home Phone # (____) _____ Cell Phone # (____) _____

E-mail Address _____

Personal Beeper # (____) _____ Home Fax # (____) _____

Preferred method of contact: _____

II. Work Contact Information

Occupation _____ Specialty _____

(Check) Full Time _____ Part Time _____ Retired _____ Student _____

Employer _____

Address _____

Work Number (____) _____ Extension _____

III. Licenses

Are you licensed in New York State in any health field? If "Yes":

Type of License: _____ NYS License No. _____ Expiration Date: _____

Type of License: _____ NYS License No. _____ Expiration Date: _____

Driver's License No. _____ Expiration Date: _____

(Send copy with application)

Are you committed to any other agency in the event of a disaster? Yes _____ No _____

If Yes, to whom? _____

Would you be willing to assume a leadership role in the MRC? _____

IV. Certification & Training

A. Certification

	Expiration Date	Certifying Agency
1. CPR_____	_____	_____
2. HazMat_____	_____	_____
3. Bloodborne Pathogens_____	_____	_____
4. Other_____	_____	_____

B. Training

1. Are you familiar with Incident Command System of Emergency Management?

Yes _____ No _____

If yes, indicate level of training (a)___not at all (b)___somewhat (c)___Fully trained

2. Have you had any training about terrorism preparedness or emergency response to terrorism (i.e. chemical, biological, radiological, etc.)

Yes _____ No _____

If Yes, please specify type of training _____

V. Skills Assessment

As an MRC volunteer, you will be asked to perform activities that best match your skills, interest and training. The following questions will assist in identifying training needs, interests and clinical assignments. Please describe your abilities and interests in the following areas:

Administrative Skills

Clinical Skills

Do you have any other skills/hobbies outside of your profession?

If so, what? _____

Language Skills

What languages do you *speak* or understand, other than English? Please list and indicate level of fluency:

Languages spoken:	level of fluency (<i>circle one</i>)			Read and write	
_____	Excellent	Fair	Limited	Yes	No
_____	Excellent	Fair	Limited	Yes	No

Physical Assessment

Are you able to be trained to wear Personal Protective Equipment? **Yes** _____ **No** _____

Are you able to provide documentation of Rubella immunity and annual Mantoux testing?

Yes _____ **No** _____

Your overall physical health is: **Excellent** _____ **Good** _____ **Fair** _____ **Poor** _____

STATEMENT BY APPLICANT

All of the information that I have supplied is correct to the best of my knowledge. I do hereby give the Nassau County Department of Health (NCDOH) permission to inquire into my educational background, references, driving record, present and previous employment, licenses, certifications and police record. I further give permission to the holder of any such records to release the same to the NCDOH. I hold the NCDOH harmless of any liability, whether civil or criminal, which may arise as a result of the release of the information about me. I also hold harmless any individual agency, business or corporation that provides information to the NCDOH.

I understand that I am a volunteer and will not be paid for any of my services.

I give permission for the NCDOH to release personal information to local, state and federal emergency management agencies and other Health and Human Service agencies as needed.

Signed: _____ Date: _____

Print Name: _____

Return application along with a copy of your professional license.

Send to:

Nassau County Medical Reserve Corps
Nassau County Department of Health
Located at:
Office of Emergency Management
100 Carman Avenue
East Meadow, NY 11554

Call (516) 573-0750

Fax: (516) 573-0757

E-Mail:

nassaucountymrc@nassaucountyny.gov