



Nassau County Department of Health  
 200 County Seat Drive  
 Mineola, NY 11501  
 Phone: 516-227-9627 Fax: 516-227-9610  
 Email: NCMRC@nassaucountyny.gov



## Medical Reserve Corps Volunteer Application

PERSONAL INFORMATION – Please Print Clearly		
Last Name	First Name	Middle Name
Street Address	City/State	Zip
Home Phone	Cell Phone	Fax
	Cell Phone Carrier Name	
Primary Email Address	Alternate Email Address	Preferred Contact Method
Date of Birth	Driver License Number and Class ( <u>Attach Copy</u> )	Social Security #
Emergency Contact Name	Relationship	Phone Number

PROFESSIONAL LICENSURE & CERTIFICATION (If applicable)		
Discipline (MD, RN, PA, NP, DDS, EMS, etc.)	License/Certification Number	Specialty
Secondary License/Certification	License/Certification Number	
Board Certification	Additional Board Certification	

STUDENT STATUS (If applicable)		
School	Program/Course of Study/Degree	Expected Graduation Date

EMPLOYMENT INFORMATION (If self employed, list company name)		
Employer/Corporate Name	Department	Title/Position
Street Address	City/State	Zip
Phone	Pager	Fax

**ADDITIONAL SKILLS** Attach copies of any additional relevant certifications or skills.

Program	Accrediting Agency	Expiration/Certification Date
CPR Certification		
Advanced Cardiac Life Support		
Other: Please specify		

**SECOND LANGUAGES** (Including American Sign Language.)

Language	Speaking Level of Fluency			Reading/Writing Level of Fluency		
	Excellent	Fair	Poor	Excellent	Fair	Poor
	Excellent	Fair	Poor	Excellent	Fair	Poor

**PHYSICAL ASSESSMENT**

Are you able and willing to wear personal protective equipment, including N95 respirators? (circle one)	Yes	No		
Can you provide documentation of MMR and Mantoux? (circle one)	Yes	No		
Your overall physical health is (circle one)	Excellent	Good	Fair	Poor

**How Did You Hear About The MRC?**

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**STATEMENT AND ACKNOWLEDGEMENT 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. If approved, I understand and acknowledge that the NCDOH reserves the right to revoke or rescind my NCDOH MRC status at any time.

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.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Application Date

*Return application with a copy of your professional licenses, certifications and drivers license.*



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