



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 (Primary/Secondary)	Cell Phone (Primary/Secondary)	Cell Phone Carrier
Primary Email Address	Alternate Email Address	
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)	
Primary Professional License/Certification	License/Certification Number
Secondary Professional License/Certification	License/Certification Number
Professional Specialties (Pediatrics, Cardiology, ED, etc.):	Length in Specialty:

OTHER CERTIFICATES: (Attach copies of any additional relevant certificates or skills)

EMPLOYMENT INFORMATION (If self employed, list company name or “self employed”)		
Employer/Business Name	Department	Title/Position
Street Address	City/State	Zip
Phone	Length of Employment: Years Months	

PRIOR EMPLOYMENT INFORMATION		
Employer/Business Name	Department	Title/Position
Street Address	City/State	Zip
Phone	Length of Employment: Years Months	

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

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
Your overall physical health is (circle one)	Excellent	Good	Fair	Poor

How Did You Hear About The MRC?

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.

I further give permission for the NCDOH to take and use photographs, videos, and/or digital images – without compensation - for publications or presentations which it deems desirable for Public Health purposes.

Applicant Signature

Application Date

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

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