



**Work Contact Information**

Occupation: \_\_\_\_\_  Full Time     Part Time     Retired  
Employer: \_\_\_\_\_ Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Ext: \_\_\_\_\_ Fax: \_\_\_\_\_

**Education**

Highest Level of Education:     High School             College             Graduate School  
 Other \_\_\_\_\_  
Year Graduated: \_\_\_\_\_  
Type of Degree: \_\_\_\_\_ Major: \_\_\_\_\_

**Licenses and Certifications (for Medically Trained Volunteers)**

Licensed as \_\_\_\_\_  
License Number (if applicable) \_\_\_\_\_ Expiration Date \_\_\_\_\_

Please attach a copy of all licenses, certifications and any special training documents for the above fields checked.

**Special Skills (for Medically and Non-Medically Trained Volunteers)**

If you speak any foreign languages, please list them here

\_\_\_\_\_  
List any other special skills you possess that will be useful to the Medical Reserve Corps.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you a part of an emergency/disaster plan with any other organization?        **Y**        **N**

If so, please explain \_\_\_\_\_

How did you learn about the Medical Reserve Corps? \_\_\_\_\_

**Availability**

What are the best times for you to volunteer during non-emergency activities?

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I hereby certify that all information on this application is accurate and correct and I hereby make application for membership in the Texas County 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 member 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 hereby give written permission for the Texas County Medical Reserve Corps, Texas County Emergency Management, The Texas County Health Department to submit my name for criminal and driving background checks. Also, I realize that my professional status will be verified through proper channels.

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Signature of Applicant

Date

For Medical Reserve Corps Use Only

Application Approved: \_\_\_\_\_

Application Denied: \_\_\_\_\_

Reason for Denial: \_\_\_\_\_

Date: \_\_\_\_\_ Initials: \_\_\_\_\_

## References

Please list three personal references:

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Name	Relationship	Phone Number
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Address	City	State	Zip
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