

**Medical Reserve Corps Volunteer Application**

Cedar County Public Health  
400 Cedar Street, Tipton, IA 52772  
Telephone: 563-886-2226 Fax: 563-886-1218



Cedar County Public Health is recruiting a community-based group of volunteers who can serve during a local or regional health emergency and/or assist with local public health needs throughout the year. You may choose to serve in emergencies only, or to offer your time for non-emergency needs as well (e.g. annual flu clinics, health fairs). You may also choose to serve anywhere in the region or in Cedar County only.

**Name:** First \_\_\_\_\_ MI \_\_\_\_\_ Last \_\_\_\_\_  
Maiden Name/other names used \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Sex:**  Male  Female

**Driver's License #** \_\_\_\_\_

**Address:** Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Phone:** Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Emergency Contact**

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

**Current Occupation**

Organization \_\_\_\_\_

Address \_\_\_\_\_

Position Title \_\_\_\_\_

Description of responsibilities \_\_\_\_\_

Start Date \_\_\_\_\_

Supervisor \_\_\_\_\_

Work Status  Full Time  Part-time  Student  
 Consultant  Retired  Other

**Other Professional/Volunteer Experience**

Organization \_\_\_\_\_

Address \_\_\_\_\_

Position Title \_\_\_\_\_

Description of responsibilities \_\_\_\_\_

Dates: from \_\_\_\_\_ to \_\_\_\_\_

Supervisor \_\_\_\_\_

**What are your language skills?**

What is your first language? \_\_\_\_\_

Do you have other language skills (including American Sign Language)?

Language \_\_\_\_\_  Speak and understand  Read and translate  Write

Language \_\_\_\_\_  Speak and understand  Read and translate  Write

Language \_\_\_\_\_  Speak and understand  Read and translate  Write

**What are your volunteer interests?**

Clinical work  Clergy  Fundraising or grant writing  Public Health  Administration

Newsletter production  Mental health/substance abuse  Organizing/volunteer coordination

Other \_\_\_\_\_

**What will you volunteer for?**

Emergencies only  Emergencies and non-emergencies (e.g. flu clinics, health fairs)

Cedar County Only  Elsewhere (surrounding counties or around the state)

**Licenses/Certifications**

Medical License  Nursing License  EMT/Paramedic License  Other license

Type \_\_\_\_\_ Type \_\_\_\_\_ Type \_\_\_\_\_ Type \_\_\_\_\_

State \_\_\_\_\_ State \_\_\_\_\_ State \_\_\_\_\_ State \_\_\_\_\_

Number \_\_\_\_\_ Number \_\_\_\_\_ Number \_\_\_\_\_ Number \_\_\_\_\_

Expiration \_\_\_\_\_ Expiration \_\_\_\_\_ Expiration \_\_\_\_\_ Expiration \_\_\_\_\_

Certificate: \_\_\_\_\_  Certificate: \_\_\_\_\_  Certificate: \_\_\_\_\_

Description \_\_\_\_\_ Description \_\_\_\_\_ Description \_\_\_\_\_

Expiration \_\_\_\_\_ Expiration \_\_\_\_\_ Expiration \_\_\_\_\_

Do you have CPR Certification  No  Yes, expiration date \_\_\_\_\_

Have you ever had your professional license suspended or revoked  No  Yes (Please attach letter of explanation)

**Disaster Services Training/Experience**

Have you had disaster services training (other than CPR)?  No  Yes, description \_\_\_\_\_

Have you had prior experience with disaster/crisis response?  No  Yes, description \_\_\_\_\_

**When are you available?**

Weekdays

Mornings  
 Afternoons  
 Evenings

Weekends

Mornings  
 Afternoons  
 Evenings

Are you currently an employee or volunteer at a hospital or other organization that may need your assistance in an emergency?  
 No  Yes, at this agency: \_\_\_\_\_

**Conviction**

Have you ever been convicted of a felony, or of a misdemeanor that resulted in imprisonment, that was not a first offense?  
 No  Yes, please explain \_\_\_\_\_

References (Please list two references who are familiar with your qualifications/experience. Do not list relatives.)

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_

Do you have certificates for any of the following courses or their equivalent?

ICS 100  ICS 200  NIMS-700  Bloodborne Pathogens  CERT  FEMA IS-22  
 Other \_\_\_\_\_

All of the information that I have supplied is correct to the best of my knowledge. I do hereby give my local Medical Reserve Corps (MRC) permission to make inquiries concerning 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 MRC. I hold the MRC harmless of any liability, whether civil or criminal, that 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 MRC. I recognize that I should investigate my personal and business liability coverage as pertains to my volunteer work for the MRC. I recognize that prior to being accepted as a MRC volunteer, I may be required to provide additional documentation as proof of certain certifications (CPR, First Responder, CDL, etc.)

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

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

\_\_\_\_\_  
**Signature of applicant**

\_\_\_\_\_  
**Date**

SEND YOUR COMPLETED APPLICATION TO:

Cedar County Public Health, 400 Cedar Street, Tipton, IA 52772 or fax to 563-886-1218

Please feel free to call or email with any questions 563-886-2226, lwinters@cedarcountry.org, scampion@cedarcountry.org.