



**DOUGLAS COUNTY
MEDICAL RESERVE CORPS
VOLUNTEER APPLICATION**

Name: _____ DOB: _____

Address: _____

Driver's License #: _____

Telephone # _____ Cell # _____

Work # _____ Email: _____

Employer: _____

- Full Time
- Part Time
- Retired
- Other: _____

Professional Information (mark or circle all that apply)

- Physician: Area of Specialty: _____
- Nurse: RN LPN Nurse Practitioner
- Physician Assistant
- EMT (Emergency Medical Technician)
- Paramedic
- Pharmacist
- Mental Health Practitioner: Area of Practice: _____
- Social Worker
- Certified Nurse Assistant/ Medical Assistant
- Dentist
- Veterinarian
- Environmental Health Specialist
- Media/ Communications
- Clergy Denomination: _____
- Other _____

License & Certifications

License Number & Discipline: _____

Have you ever had your professional license suspended or revoked? Yes No

If yes, please explain: _____

Specialty Information

Specialty Skills related to emergency situations: _____

Other Skills

- CPR/AED certified
- First aid certified

Are you fluent in a language other than English? Yes No
If yes, which language? _____

Are you part of any other emergency/disaster alert system? Yes No

Please List:

1. _____
2. _____
3. _____

Why do you want to volunteer? _____

I understand that this is an application for and not a commitment or promise of volunteer opportunity.

I certify that I have, with this application, and will in the future provide information to the Douglas County Health Department that is true, correct and complete to the best of my knowledge. I certify that I have and will answer all questions to the best of my ability and that I have not and will not withhold any information that would unfavorably affect my application for a volunteer position. I understand that a background check and the ESAR-VIP (commonly referred to as CreditSmart) will be completed and verified by the Douglas County Health Department. I understand that misrepresentation or omissions may be cause for my immediate rejection as an applicant for a volunteer position with Douglas County Health Department or my termination as a volunteer.

Signature Date