



VOLUNTEER APPLICATION

Last Name		First Name		Middle Initial	<input type="checkbox"/> Female <input type="checkbox"/> Male
Street Address (Mailing)					
City			State	Zip	
Home Phone	Cell Phone		<input type="checkbox"/> Employed	Employer/School	
Primary Email			<input type="checkbox"/> Retired	Job Title/Studies	
			<input type="checkbox"/> Student		
In Case of Emergency (I.C.E.) Contact:			I.C.E. Phone	Employer Phone	

Type Health Care Professional <i>(i.e. MD, RN, PA, NP, Pharmacist, EMT, Paramedic, Resp Ther, Mental Health)</i>			Type Non-Healthcare Professional <i>(i.e. Administration, Clerical, Security, etc)</i>		
License/Cert #	State Issued		License/Cert #	State Issued	
Exp. Date	License Active	Yes No	Exp. Date	License Active	Yes No
Health Care Specialty (if any)			Professional Specialty (if any)		
Do you have any current or pending actions against your professional license?					Yes No
Enter Certification Expiration Dates Below			Additional Languages Spoken		
AED	CPR	First Aid			

I understand that a Criminal Background Check will be conducted on all volunteers.				Initial Here:	
Are you over 18?	Yes	No	Have you ever been convicted of a misdemeanor?	Yes	No
Date of Birth	Have you ever been convicted of a felony?			Yes	No

Level of Participation - I am interested in the following volunteer opportunities (check all that apply)

All volunteer opportunities offered through the Stanislaus County Medical Reserve Corps and partners

Emergency and disaster preparedness activities (trainings, drills and exercises, and real-world emergencies/incidents)

Community and public health education and information (teaching/training instruction, health & safety fair, information booth)

Vaccination and immunization clinics and drills (flu, pertussis, pneumonia)

Administrative support (clerical, filing, project-based work, reception/phones, web/graphic design, grant writing, outreach)

Leadership (advanced trainings, event planning/coordinating, recruiter, speaking engagements, subject matter expert/advisor)

I am interested in volunteer opportunities that will utilize my specialized skills, education or training (please list)

Please use this box for any additional comments or information

Signature	Date
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Privacy Act Statement: This information is requested by the Stanislaus County Medical Reserve Corps for the purpose of organizing volunteers and staff to respond to area emergencies, disasters or public health emergencies. This information is confidential and will not be utilized or released for any other purpose without your express written permission unless required by law.

VOLUNTEER PRIVACY, CONFIDENTIALITY AND SECURITY STATEMENT

I understand that I have the responsibility to protect the privacy and confidentiality of all individual identifiable health information relative to patients and their families who receive care by the Stanislaus County Medical Reserve Corps (SCMRC). I understand that any discussions concerning patients should be to assist in the care of that patient. If it is necessary to discuss patient information, I will take reasonable efforts to do so in a private environment to ensure that conversations will not be over-heard by others who are not involved in the patient's care. I am not to discuss any patient information outside the worksite or with individuals not directly associated with the care of the patient.

I also understand that it is my responsibility to safeguard all patient health information. I am not to share electronic passwords, keys or codes to access or allow others to access patient health information.

I understand that I cannot reveal the name of patients seeking services at any location or facility where I am a representative of the SCMRC for any reason, even if they are known to me. Additionally, I am not to reveal any information related to any patients including, but not limited to, reason for visit, test results, diagnoses, procedures, operations, or any other information obtained as a result of a said visit without a written authorization from the patient/legal representative and approval from the Manager/designee.

I understand that an invasion of privacy, breach of confidentiality and/or lack of protection of patient health information will constitute grounds for disciplinary action including termination from the SCMRC.

I also understand that unauthorized disclosures of protected health information which results in economic loss or personal injury to the patient may subject me and/or the SCMRC and its sponsoring agency, Health Services Agency (HSA), to civil action for said violation.

Date _____

Signature _____

Name _____

(Please print)

PHOTOGRAPH AND MEDIA CONSENT

The Stanislaus County Medical Reserve Corps (SCMRC) may take photos, videos or otherwise document volunteers in action during meetings, trainings, exercises or other activities in which I have volunteered. Such photographs may be used on or in SCMRC, Health Services Agency (HSA), or partnering agency's, websites, newsletters and other publications without compensation to me (a volunteer), my family, representatives, or heirs.

I have read the above and fully understand that this is a release and I give SCMRC, HSA and/or their representative **my permission** to use my photo as stated above.

Date _____

Signature _____

Name _____
(Please print)



CONSENT TO REGISTRATION
DISASTER HEALTHCARE VOLUNTEERS WEBSITE

All Stanislaus County Medical Reserve Corps (MRC) volunteers will be registered on the [California Disaster Healthcare Volunteers website](#). This site is utilized by the MRC coordinator to communicate with its volunteers and is the primary notification system in a disaster or public health crisis where volunteers may need to be contacted. This system is also used to disseminate information regarding training opportunities, exercises and important alerts.

Volunteers that have not previously registered on this site will be entered into the system using the quick registration method. You will then be notified that you have been entered into the system and must complete the registration process. If you do not have access to a computer, or are in need of assistance in completing your registration, contact the MRC coordinator at 558-8332. The coordinator can complete the registration for you over the phone.

I understand that in order to receive communication from the Stanislaus County Medical Reserve Corps, I will need to be registered on the [California Disaster Healthcare Volunteers website](#). I have read and agree to the [Terms of Service](#) and [Privacy Policy](#) and I give my consent to be entered into the [California Disaster Healthcare Volunteers notification system](#).

Date _____

Signature _____

Name _____

(Please print)