



*Jackson County  
 Medical Reserve Corps  
 504 South Church Street  
 Ripley, WV 25271  
 wendy.m.crawford@wv.gov*

## VOLUNTEER APPLICATION

Please print or type

<b>Name</b>			
<b>Street Address (Mailing)</b>			
<b>City</b>		<b>State</b>	<b>Zip</b>
<b>Home Phone</b>	<b>Work Phone</b>		<b>Cell Phone</b>
<b>Email</b>		<b>Employer</b>	
<b>Type: Healthcare Professional:</b> <input type="checkbox"/> <b>Doctor</b> (all categories) <input type="checkbox"/> <b>Nurse</b> <input type="checkbox"/> <b>Pharmacy</b> <input type="checkbox"/> <b>Other</b> _____	<b>Type: Non Healthcare</b> <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____	<b>Requested means of communication:</b> <input type="checkbox"/> <b>Mail to above address</b> <input type="checkbox"/> <b>Email to above</b> <input type="checkbox"/> <b>Emergency Contact/#:</b>	
<b>For All Healthcare Professionals: Please indicate License Number or Certificate/Registration Number</b> <b>Valid Y / N</b> <b>Expires: _____</b>		<b>Second Language</b>	<b>Third Language</b>
		<b>State License Held</b>	<b>Degree(s) Obtained</b>
<b>Level of Participation Desired: I prefer to be:</b> <input type="checkbox"/> <b>ACTIVE</b> <b>Receives notifications of ALL training opportunities, training drills &amp; exercises, emergency events, as well as non-emergency volunteer opportunities</b> <input type="checkbox"/> <b>LIMITED</b> <b>Receives only notification of training drills and exercises and all emergency events</b> <input type="checkbox"/> <b>EMERGENCY ONLY</b> <b>Receives notification of only major emergency events</b> <i>NOTE: All volunteers are required to take the orientation training and the training from the Jackson County Medical Reserve Corp. Additional training is optional for Occasional and Emergency Levels at this time.</i>			
<b>Have you ever been convicted of a felony? Yes No      A misdemeanor (other than a traffic violation) Yes No</b> <b>If yes, please explain:</b>			
<b>A Criminal Background Check may be required of some volunteers:</b> <input type="checkbox"/> <b>YES, I agree that a background check may be performed. Birthdate</b> ___ / ___ / ___ <b>Other Names</b> _____ <input type="checkbox"/> <b>NO, I do not wish to have a background check performed</b> (Refusal of a background check does not automatically eliminate you from consideration for volunteer service.)			
<b>Which Community would you prefer to serve in? Circle Choice(s)</b> Ravenswood Ripley Kenna Sandyville Cottageville  <b>ANY</b>		<b>Valid D/L? Yes / No      State: _____</b>  <b>D/L#</b>	
<b>Signature</b>			<b>Date</b>

### Privacy Act Statement

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

Please email to: [wendy.m.crawford@wv.gov](mailto:wendy.m.crawford@wv.gov)  
 Fax: (304)372-1096  
 Or mail to: Wendy M. Crawford, Director, Jackson County MRC  
 504 South Church Street, Ripley, WV 25271

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