



*Jackson County
 Medical Reserve Corps
 504 South Church Street
 Ripley, WV 25271
 wendycasto@wvdhhr.org*

VOLUNTEER APPLICATION

Please print or type

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

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: wendycasto@wvdhhr.org
 Fax: (304)372-1096
 Or mail to: Wendy M. Casto, Director, Jackson County MRC
 504 South Church Street, Ripley, WV 25271

02/26/08