

MRC Application



Medical Reserve Corps
170 Middlefield Road
Menlo Park, California
USA
94025
Phone: 650-688-8415
Fax: 650-473-9847
www.menlofire.org

Date:

New Revised

Volunteer Name:

Address:

State/Province:

Zip/Postal Code:

Home Phone:

Cell Phone:

Pager:

Email:

Place of Employment

Company Employed:

Work address:

Work number:

Type of Employment

- Full-Time
 Part-time
 Retired

Do you have a drivers license?

- yes no

Driver's License number:

State of Issue:

License Class:

License Expiration:

Person to Notify in Case of Emergency

Name (1):

Address:

State/Province:

Zip/Postal Code:

Home Phone:

Work Phone:

Cell Phone:

Relationship:

Name (2):

Address:

State/Province:

Zip/Postal Code:

Home Phone:

Work Phone:

Cell Phone:

Relationship:

Special Needs:

Additional Information

Language	Fluent	Speak	Read	Write
<input style="width: 100%; height: 20px;" type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input style="width: 100%; height: 20px;" type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input style="width: 100%; height: 20px;" type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input style="width: 100%; height: 20px;" type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Yes	No	Comments
Are you willing to travel and volunteer outside of you county?	<input type="checkbox"/>	<input type="checkbox"/>	<input style="width: 100%; height: 20px;" type="text"/>
Are you willing to participate in a Federally coordinated emergency response?	<input type="checkbox"/>	<input type="checkbox"/>	<input style="width: 100%; height: 20px;" type="text"/>
Are you willing to provide translation services?	<input type="checkbox"/>	<input type="checkbox"/>	<input style="width: 100%; height: 20px;" type="text"/>
Do you have the ability to communicate using sign language?	<input type="checkbox"/>	<input type="checkbox"/>	<input style="width: 100%; height: 20px;" type="text"/>
Have you been immunized against Smallpox?	<input type="checkbox"/>	<input type="checkbox"/>	<input style="width: 100%; height: 20px;" type="text"/>
Do you have any special needs or restrictions? If so please explain.	<input type="checkbox"/>	<input type="checkbox"/>	<input style="width: 100%; height: 20px;" type="text"/>
Has your professional license or certification ever been suspended or revoked in California or any other state?	<input type="checkbox"/>	<input type="checkbox"/>	<input style="width: 100%; height: 20px;" type="text"/>

Professional Licensure - Certification - Specialties - Experience

Name on License/Certification

License/Certification Number

State on License/Certification

Expiration Date

Do you carry medical / professional liability insurance

Insurance

Policy Number

Expiration Date

Experience: Do you have any of the following skills

- | | |
|--|--|
| <input type="checkbox"/> Medical Doctor | <input type="checkbox"/> Doctor of Pharmacy |
| <input type="checkbox"/> Doctor of Chiropractic Medicine | <input type="checkbox"/> Pharmacist |
| <input type="checkbox"/> Dentist | <input type="checkbox"/> Pharmacy Assistant |
| <input type="checkbox"/> Doctor of Osteopathy | <input type="checkbox"/> Pharmacy Technician |
| <input type="checkbox"/> Podiatrist | <input type="checkbox"/> Optometrist |
| <input type="checkbox"/> Veterinarian | <input type="checkbox"/> Psychologist |
| <input type="checkbox"/> Doctor of Chiropractic | <input type="checkbox"/> Mental Health Counselor |
| <input type="checkbox"/> Physicians Assistant | <input type="checkbox"/> Paramedic |
| <input type="checkbox"/> Surgical Technician | <input type="checkbox"/> Radiology Technician |
| <input type="checkbox"/> Registered Nurse | <input type="checkbox"/> Respiratory Therapist |
| <input type="checkbox"/> Licensed Vocational Nurse | <input type="checkbox"/> Mental Health Social Worker |
| <input type="checkbox"/> Nurse Practitioner | <input type="checkbox"/> Mental Health Therapist |
| <input type="checkbox"/> Nurse Midwife | <input type="checkbox"/> Social Worker |
| <input type="checkbox"/> Certified Nurses Assistant | <input type="checkbox"/> Substance Abuse Social Worker |
| <input type="checkbox"/> Nurse Anesthetist | <input type="checkbox"/> Environmental Health Specialist |
| <input type="checkbox"/> Cardiovascular Technologist | <input type="checkbox"/> Epidemiologist |
| <input type="checkbox"/> Dental Technician | <input type="checkbox"/> Health Educator |
| <input type="checkbox"/> Diagnostic Medical Sonographer | <input type="checkbox"/> Health Officer |
| <input type="checkbox"/> EMT | <input type="checkbox"/> Health Planner |
| <input type="checkbox"/> Funeral Director/Mortician | <input type="checkbox"/> Industrial Hygienist |
| <input type="checkbox"/> Information Technologist | <input type="checkbox"/> Industrial Hygienist |
| <input type="checkbox"/> Laboratory Technician | <input type="checkbox"/> Microbiologist |
| <input type="checkbox"/> Laboratory Technologist | Other <input type="text"/> |
| <input type="checkbox"/> Occupational Therapist | |
| <input type="checkbox"/> Physical Therapist | |

Training/Continuing Education

Have you completed any training or continuing education programs in the following areas

- | | |
|--|--|
| <input type="checkbox"/> Advanced Cardiac Life Support | <input type="checkbox"/> Hazardous Materials Training |
| <input type="checkbox"/> Advanced Trauma Life Support | <input type="checkbox"/> Hospital Preparedness |
| <input type="checkbox"/> Basic Cardiac Life Support | <input type="checkbox"/> Incident Command Training 100 |
| <input type="checkbox"/> Bloodborne Pathogens | <input type="checkbox"/> Isolation and Quarantine |
| <input type="checkbox"/> CBRNE Training | <input type="checkbox"/> Mental Health Training for Disaster |
| <input type="checkbox"/> Community Emergency Response Team | <input type="checkbox"/> Pediatric Advanced Life Support |
| <input type="checkbox"/> CPR/AED | <input type="checkbox"/> Triage |
| <input type="checkbox"/> Exercise design and evaluation | <input type="checkbox"/> Vaccination Administration |
| <input type="checkbox"/> First Aid | <input type="checkbox"/> Other |

Application Requirements

- CERT
- ICS-100 - online course
- ICS-700 - online course
- Disaster Healthcare Volunteers of California - *Affiliation MenloAtherton MRC

<https://www.healthcarevolunteers.ca.gov/>

Expectations of the Menlo Park Fire Protection Medical Reserve Corps Professional Health Volunteers

As a volunteer with the Medical Reserve Corps, I will be called upon to assist in the event of a public health emergency. I agree to attend an educational program to explain my role in disaster preparedness; I will be assigned duties based on my level of training and experience. I understand that submitting this application does not guarantee acceptance into the MenloAtherton Medical Reserve Corps. The information contained in this application is, to the best of my knowledge, truthful. I agree to serve my fellow citizens to the best of my professional ability.

Failure to agree to the above statement invalidates application

Upon completion of the above online application please contact Carol Parker at 650-688-8415 carolp@menlofire.org to schedule appointment for completion of documentation.