Florida HEALTH

medical reserve corps

PASCO MEDICAL RESERVE CORPS

Volunteer Application

Complete all sections that apply. If you print this form, print clearly in blue or black ink.
Return the completed form to the MRC coordinator listed below.

01 PERSONAL CONTACT INFORMATION

Last name | First name | Middle name

Home address | City | ZIP code

Email

Cell phone | Home phone

Emergency contact | Relationship

Emergency contact address | Phone

02 EMPLOYER CONTACT INFORMATION

Include other volunteer work or your most recent previous employment.

Occupation

Employment status
- ○ Full-time
- ○ Part-time
- ○ Retired
- ○ Student

Employer

Employer address | Work email

Phone number | Extension | Duration of employment

03 PREFERRED METHOD OF COMMUNICATION

Please check two methods we should use for routine matters.

☐ Email ☐ Phone ☐ US mail

Questions? Contact George Watson, MRC Coordinator.
Office 727-619-0134 · Cell 727-514-3392 · George.Watson@flhealth.gov
11611 Denton Ave., Hudson, FL 34667

04 EDUCATION AND LICENSURE

List your highest degree first. Attach your license or certification. Add a page if needed.

Degree or specialty	Date received or expected

License or certification	State issued and number	Expiration date

Board certified? ○ Yes ○ No

Prescriptive authority? ○ Yes ○ No

Retired and licensable in good standing? ○ Yes ○ No

I understand my credentials and licenses will be verified. _____ Initials

05 SKILLS

Languages other than English

Computer and technical

Managerial and administrative

Marketing and outreach

Other skills

06 CERTIFICATIONS AND TRAINING

Include the certifying agency and length of training.

Certification	Most recent date	Length	Certifying agency
CPR/AED			
First aid			
Bloodborne pathogens			
Incident Command System			
Disaster training			
Other			

07 VOLUNTEER INTERESTS

Select all that apply.

- ☐ Continuing education and training
- ☐ Exercises and drills
- ☐ Community health initiatives
- ☐ Disaster response

08 AVAILABILITY AND SERVICE PREFERENCE

Select all times you are available. Select one service preference.

	Sun.	Mon.	Tue.	Wed.	Thu.	Fri.	Sat.
Morning (before noon)	☐	☐	☐	☐	☐	☐	☐
Afternoon (noon to 5 p.m.)	☐	☐	☐	☐	☐	☐	☐
Evening (after 5 p.m.)	☐	☐	☐	☐	☐	☐	☐

Service preference

I prefer to be:

- ○ Active — Leader, recruiter, trainer, community health initiatives
- ○ Stand-by — Prepared for service only in an emergency or disaster

09 EMERGENCY AND DISASTER PLAN

Include groups such as the American Red Cross, a military base, or a hospital.

Are you part of an emergency or disaster plan with another organization? ○ Yes ○ No

If yes, list the organization(s)

10 REFERENCES

List two people who are not related to you.

REFERENCE 1

Name	Phone	Email	Relationship	Years known

REFERENCE 2

Name	Phone	Email	Relationship	Years known

11 CRIMINAL OFFENSE DISCLOSURE

Have you ever been convicted of, or pleaded no contest (nolo contendere) to, a driving or criminal offense?

○ No ○ Yes

If yes, include the offense(s), place(s), date(s), and penalty(s). A conviction is not an automatic bar to placement. Each case is considered individually.

12 APPLICANT ATTESTATION

Read each statement carefully before signing.

1. I understand that, to protect persons served by the Department, a routine check through law enforcement, license bureaus, agency files, and references may be made.
2. I understand that a criminal offense will not automatically exclude me from all volunteer positions; however, certain convictions will exclude me from volunteering in some positions.
3. I understand that if I answered no to the criminal offense question on this application and a record should be obtained, it will prevent me from volunteering for the Department regardless of the offense.
4. I understand upon submission of this application it becomes public record.
5. I understand and agree that all information as it relates to persons served by the department is to be held confidential in compliance with Florida Statutes.
6. All information that should come to my attention and knowledge as privileged and confidential will not be disclosed to anyone other than authorized personnel and that I shall conduct myself in accordance with the departmental security policies.
7. I understand that failure to comply may result in criminal prosecution.

I affirm that all information on this application is true and correct.

Signature _____ Date signed _____

FOR OFFICIAL USE ONLY

Application review

Reviewer initials _____ Review date _____

○ Approved ○ Denied

It is unlawful for an employer to refuse or deprive any individual of volunteer opportunities because of race, color, religion, sex, national origin, age, marital status, or handicap. Applicants who believe they have been discriminated against may file a complaint with the Florida Commission on Human Relations, 2009 Apalachee Parkway, Suite 100, Tallahassee, Florida 32301-4857.