



Northwest Missouri Medical Reserve Corps

Volunteer Application

Personal Information

Last Name	First Name
Date of Birth (optional)	Must be 18 to be a member of the Northwest Missouri Medical Reserve Corps
Employer / Affiliation	Position
Supervisor's Name	Supervisor's Number
Is your supervisor aware you are applying to volunteer with the NWMO MRC? <input type="checkbox"/> yes <input type="checkbox"/> no	
May we contact you supervisor? <input type="checkbox"/> yes <input type="checkbox"/> no	
Which classification best describes you? (choose one) <input type="checkbox"/> Health Care Professional (licensed) <input type="checkbox"/> Community Health Volunteer (non-medical)	

Contact Information

Street Address		
City	State	Zip Code
Day Phone	Cell Phone	Is text messaging an option? <input type="checkbox"/> yes <input type="checkbox"/> no
Pager	E-mail	

Emergency Contact Information

Name	Relationship	
Street Address		
City	State	Zip Code
Day Phone	Cell Phone	Is text messaging an option? <input type="checkbox"/> yes <input type="checkbox"/> no



Have you been convicted of, plead nolo contendere (no contest), or plead guilty to a felony or misdemeanor? (NOTE: a “yes” response does not automatically disqualify an applicant from volunteering.)?

<input type="checkbox"/> NO <input type="checkbox"/> Yes If yes, please explain:

List Missouri professional licenses applicable to the MRC (e.g., Medical Nursing, Pharmacy, Physician, etc.)

License Type	License Number	Is License Current	Expiration Date	Are there restrictions on license. If so, describe.

Briefly describe any medical experience / training or any other specialized skill/training

What type of volunteer would you like to be?

Check One	Tier	Level of Activity
	Tier 1	Chooses to be available only in the event of a large-scale public health emergency, will complete the required training but typically does not attend extra training sessions, exercises, or meetings.
	Tier 2	Interested in participating in trainings, exercises and meetings, may choose to volunteer in non-emergency public health functions, and exhibits an active interest in MRC functions and a desire to participate in events.
	Tier 3	Volunteer is interested in pursuing a leadership role within the MRC, will have completed additional training and pursue an active role in MRC functions, and may be assigned to an ICS position during local response activities.



Area of Assignment	Yes	No	Comments
Local			
State			
Regional			
National			
Other			

I hereby certify that all the information shown above is accurate and correct and I hereby make application for membership in the Northwest Missouri Medical Reserve Corps. I understand that I am applying for a volunteer position and that this is not an application for, or contract of, employment.

Expectations of Medical Reserve Corps 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 Medical Reserve Corps. The information contained in this application is, to the best of my knowledge, truthful. I understand that misrepresentation or omission of facts asked for in this application is cause for cancellation of the application and/or separation from the Northwest Missouri Medical Reserve Corps. If I am registered as a volunteer, I further understand and agree that when my registration is terminated for any reason, I must return all NWMO MRC property in my custody. I agree to serve my fellow citizens to the best of my professional ability.

I agree to the above statement

Volunteer's Signature _____ Date _____

OFFICE USE ONLY

Application on File		Credentials on File	
MRC ID Card		Show Me /Response	
Employer/Supervisor approval (as needed)			

Insert date and initial when above have been verified.

MRC Representative _____ Date _____