



**MEDICAL RESERVE CORPS OF DUTCHESS COUNTY**

**VOLUNTEER APPLICATION**

**(Future use: You can complete this application online! Visit <http://www.dutchessny.gov/CountyGov/Departments/EmergencyResponse/ESMedResCorps.htm>)**

Date: \_\_\_\_\_

Which classification best describes you? (Choose one)

Community Health Volunteer (Non-medical)

Health Care Professional (Medical)

Have you registered on ServNY as a volunteer?  Yes  No (NOTE: Your application CANNOT be processed until you register.)

If no, please register as soon as possible at: <https://apps.health.ny.gov/vms/appmanager/vms/public?prog=19>

**PERSONAL INFORMATION:**

Title:  Mr.  Ms.  Mrs.  Dr.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Home Address (Street/City/State/Zip): \_\_\_\_\_

Home Phone: (    ) \_\_\_\_\_  Cell Phone: (    ) \_\_\_\_\_  Work Phone: (    ) \_\_\_\_\_

*(Please check box in front of preferred number above)*

Preferred E-Mail: \_\_\_\_\_ Pager: (    ) \_\_\_\_\_ Other: (    ) \_\_\_\_\_

I am willing to share my contact information in a directory (with other MRC members and officials only)  Yes  No

Are you contractually bound to any other organization as part of their emergency/disaster plan (American Red Cross, hospital, etc.)?

Yes  No If yes, please list \_\_\_\_\_

In a major emergency I am willing to deploy to: (check all that apply)  Dutchess county only  bordering counties

MRC of Dutchess County 392 Creek Road Poughkeepsie, NY 12601 Phone: (845) 486-2080 Fax: (845) 486-3998 TTY: (845) 486-3417 [dcmrc@dutchessny.gov](mailto:dcmrc@dutchessny.gov)



**Volunteer Experience:**

Organization: \_\_\_\_\_ Position: \_\_\_\_\_ Years active: \_\_\_\_\_

Organization: \_\_\_\_\_ Position: \_\_\_\_\_ Years active: \_\_\_\_\_

**Personal/Professional References:**

Please list two people who know your qualifications, background, or experience. Do not list relatives or supervisors. Reference checks may be contacted by phone during regular business hours.

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone Number: ( ) \_\_\_\_\_ Relationship to you \_\_\_\_\_ Known how long? \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone Number: ( ) \_\_\_\_\_ Relationship to you \_\_\_\_\_ Known how long? \_\_\_\_\_

Please tell us why you want to be a volunteer and what you expect to get out of being a member?


List any special/unique skills you bring to the MRC \_\_\_\_\_

What is your area of interest and in what capacity would you like to serve the MRC? \_\_\_\_\_

Amateur Radio Operator (list license class and call letters): \_\_\_\_\_

Do you own any portable Amateur Radio equipment that you are willing to utilize while deployed by the MRC?  Yes  No



**Health Care Professional:** (MEDICAL ) *Please Complete This Section!*

Specialty/subspecialty/Board certification within the professional licensure you possess:

---

Please check the boxes below that apply:

- Bus Driver                       Lab Tech                       Mechanic                       Office Manager                       Pharmacy Tech
- Phlebotomist                       Secretary/Clerical                       Teacher                       X-Ray Tech

**TRAINING:** *(complete those that apply)*

Training	Most Recent Date	Topic:
CPR .....	_____	_____
First Aid .....	_____	_____
Disaster Training .....	_____	_____
Blood borne Pathogens & Standard Precautions .....	_____	_____
Military Medical Training .....	_____	_____
NIMS or ICS (Incident Command Training) .....	_____	_____
Terrorism & Emergency Response to Terrorism .....	_____	_____
Epidemiology.....	_____	_____

**Other training:** *(medical, mental health, or non-health field. Include agency providing training and length of training)*

---



---



Place of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_ Restrictions: \_\_\_\_\_

Other names used (including Maiden): \_\_\_\_\_

Previous Address: \_\_\_\_\_

**MEDICAL INFORMATION:**

Medical Conditions you have the MRC should be aware of (including allergies): \_\_\_\_\_

\_\_\_\_\_

Please list any special instructions or accommodations you may require (such as unable to stand for long periods of time, unable to lift more than 25 pounds) : \_\_\_\_\_

\_\_\_\_\_

**CRIMINAL BACKGROUND:**

Have you ever been convicted of a crime? (*Omit minor traffic violations*)  Yes  No

If yes, a Confidential Investigative Questionnaire must be submitted. This will be sent to you under separate cover.



I, \_\_\_\_\_ offer to serve as a volunteer in the Medical Reserve Corps of Dutchess County.

I hereby certify that all statements contained in this application are accurate and true to the best of my knowledge.

By signing this agreement I understand that as a volunteer with the MRC I will be called upon to assist in the event of a public health emergency and agree to be bound by any and all applicable volunteer guidelines, provisions, and operating procedures provided to me. I agree to attend educational programs to learn and understand my role in disaster preparedness and response.

I agree to keep the MRC informed of changes in any of the information provided above especially my contact information.

I understand that I am applying for a volunteer position and this is **NOT** an application for, or contract of, employment.

I understand that submitting this application does **NOT** guarantee membership in the Medical Reserve Corps and that I must be accepted for the position I am applying for.

I understand I must complete required training before I am considered a full member of the team and that I may be discontinued as a team member at any time for any reason.

I understand every attempt will be made to reduce risks to volunteers. However, some risks may be present during a public health emergency or training and I agree to assume my own risks as a volunteer. The County of Dutchess and its officers, employees, and agents shall not be held liable for any death, injury, or property damage claims arising from volunteer work.

I hereby authorize and give consent for the MRC of Dutchess County to obtain information regarding myself. This includes the following checks: addresses, criminal background records/information, sex offender registry, driving record, and professional licensing verification.

I understand that the MRC of Dutchess County will use this information as part of its verification of my volunteer application and periodically for evaluation purposes. I hereby hold the County of Dutchess and its officers, employees, and agents, the MRC of Dutchess County, its staff, and volunteers harmless from any liability, whether civil or criminal, that may arise as a result of the collection and use of this information about me. I further hold harmless any individual, agency, educational institution, business, or corporation that provides information or documents to the MRC of Dutchess County whether obtained in writing, via telephone, or any other electronic communication media.

A photocopy of this release form will be valid as an original thereof even though the said photocopy does not contain an original writing of my signature.

By checking this box I agree to all of the above statements

\_\_\_\_\_                                                  \_\_\_\_\_                                                  \_\_\_\_\_  
 Print Name                                                  Signature                                                  Date