Homeland Security Region 2 Medical Reserve Corps
911 Carver Street, Bremerton, WA 98312
360-307-5870 Fax 360-478-9802 dem@co.kitsap.wa.us

DEM Card Number ________________

Volunteer Application

Personal Contact Information

Last Name ______________________ First Name ___________________________ MI _____

Other name(s) used ____

Street Address: ___________________________ Apt. # ___ City _______________________

County ___________________________ State ____ Zip Code____________ - ____________

Home Phone (___)_______________________ Cell Phone (___)_______________________

Personal Pager (___)_____________________ Home Fax (___)_________________________

E-mail Address ____

Work Contact Information

Occupation ________________________ ❑ Full Time ❑ Part Time ❑ Retired ❑ Student

Employer ____________________________ Address: _________________________________

General Phone (___)________________ Your Extension ________ Fax (___)______________

Additional Information

Emergency Contact _____________________Phone (___)_________ Relationship __________
Drivers License: _________________________ Birthdate: ______________________________
Height: _________ Weight: _______________ Hair Color: ___________ Eye Color: _________
Sex: F M Physical Limitations: Yes No
Please note any limitations here: ____

Education

(Check highest level) ❑ High School ❑ College ❑ Graduate School ❑ Other __________

School Name ______________________ Location ___________________ Year Graduated ____

Type of Degree ______________________ Major/Specialization __________________________

License

(Professionals with a current license or certification in any health or mental health field)

Check all that apply: *License #* *State Issued* *Expiration Date*

1. ❑ MD ❑ DO ______________________________
2. ❑ DVM ❑ VMD ______________________________
3. ❑ DDS ❑ DMD ______________________________
4. ❑ DC ______________________________
5. ❑ PA ______________________________
6. ❑ RN ❑ NP ❑ ARNP ______________________________
7. ❑ LVN ❑ LPN ______________________________
8. ❑ EMT/ Paramedic ______________________________
9. ❑ Pharmacist ______________________________
10. ❑ Psychiatrist/ Psychologist ______________________________
11. ❑ LCSW ❑ MFT ______________________________
12. ❑ Other Mental Health Practitioner ______________________________
13. Other health related licenses, certifications, or degrees ______________________________
14. Do you have prescriptive authority? ❑ Yes ❑ No

Please submit a copy of your current professional license with your application

Certificates & Training

Check all that apply:

Certifications	Most Recent Date	Certifying Agency
❑ CPR		
❑ First Aid		
❑ Disaster Training		
❑ CERT		
❑ ACLS		
❑ ATLS		
❑ PALS		
❑ Other ____________		

Check all that apply:

Training	**Most Recent Date**	**Agency**
❑ Incident Command System/ SEMS		
❑ Epidemiology		
❑ Bioterrorism		
❑ Terrorism and Emergency Response to Terrorism		
❑ CISM		
❑ Other Training ______________		

Special Skills

What languages do you speak or understand other than English? Please list and indicate the level of fluency:
(Include sign language)

Languages Spoken	**Level of Fluency**	**Read and Write?**
________________	❑ Excellent ❑ Fair ❑ Poor	❑ Yes ❑ No
________________	❑ Excellent ❑ Fair ❑ Poor	❑ Yes ❑ No

Please list any other special skills you can bring to the Medical Reserve Corps:

____

____

Opportunities for Non-licensed Volunteers

Please indicate your areas of interest by checking below (you may check more than one area):

❑ Volunteer Recruitment

❑ Health Education Assistance
(class registration, details, etc.)

❑ Community Networking

❑ Computer Support

❑ Data Entry

❑ Translation Assistance

❑ Fundraising

❑ Support Services for Emergency Incidents

❑ Other ____

Non-emergency Opportunities for Licensed Volunteers

Please indicate your areas of interest by checking below (you may check more than one area):

❑ Provide education and/or presentations on health topics:

(Check areas of interest or list your expertise)

- ❑ Diabetes
- ❑ Obesity/ Healthy Lifestyles
- ❑ Smoking Cessation
- ❑ First Aid
- ❑ Health Screenings
- ❑ Emergency Preparedness
- ❑ Trauma/ Mental Health Topics
- ❑ Other topics ______________________________

Please indicate the day(s) and time of the week when you are available to volunteer (for non-emergencies):

Day(s) of week	**Time**
____________________	________________
____________________	________________

How often are you interested in volunteering?

❑ Once a week ❑ ____ day(s) per month

❑ I am only available in emergencies

❑ Provide medical knowledge recommendations/ consultation to MRC as needed

❑ Other ______________________________

Other Information

Are you part of an emergency/disaster plan with any other organization *(i.e. American Red Cross, a local hospital, etc.)*? ❑ Yes ❑ No

If yes, please list: ______________________________

If the opportunity were to arise, would you be interested in deploying to another state or country to provide assistance as a Medical Reserve Corps Volunteer?

____

How did you learn about the Medical Reserve Corps?

____

I hereby certify that all the information shown above is accurate. I understand that I am applying for a volunteer position and that this is not an application for, or contract of, employment.

______________________________ ________________

Signature of Applicant Date

______________________________ ________________

Signature of Unit Leader Date

Please return application form to:

Kitsap County Department of Emergency Management
911 Carver Street
Bremerton, WA 98312
360-307-5870
Fax 360-478-9802

For Office Use Only

License Verification: ______ Date: ______________

Background Check: ______ Date: ______________

Entered Into Data Base: ______ Date: ______________

ID Issued: ______ Date: ______________