

Volunteer Application for Medical Reserve Corps

APPLICANT INFORMATION

Name: (Last) (First) (MI)		
Date of birth:	Last Four Digits of Social:	Home Phone:
Current address:		
City:	State:	ZIP Code:
Email Address:	Cell Phone:	County:

LICENSE INFORMATION

Current employer:		
Employer address:		
Phone:	License #:	Are you Licensed in KY? Yes or No
City:	State:	ZIP Code:
Position:		

EMERGENCY CONTACT

Name:		
Address:		Phone:
City:	State:	ZIP Code:
Allergies, Medications, Existing Conditions:		
Alternate Name:		
Address:		Phone:
City:	State:	ZIP Code:

CERTIFICATION ASND TRAINING

CPR: Adult/ Child/ Infant/ AED	First Aid: YES or No	Date of Expiration:
Date of Expiration:		
Other:		

SKILLS AND SPECIALITY TRAINING

List any skills, specialty training (NIMS, CERT, Disaster Training, WMD, HAZMAT, etc.) and languages spoken fluently and or translated fluently:

SIGNATURES

May we share your information with the State of Kentucky? Yes or No	
May we share your information with the US Department of Health and Human Services? Yes or No	
Signature of applicant:	Date:

Disclaimer: All information on this application will be kept confidential within the local health department and is restricted to use by Medical Reserve Corps for that health department leadership to view.