



Support Staff Volunteer Application Curry County Medical Reserve Corps

**Note: You do not need to complete this form if you have already registered with SERV-OR online.*

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Physical Address: _____

City: _____ State: _____ Zip: _____

Phone: HM () _____ WK () _____ CEL () _____

Could you receive text message alerts? Y / N

Email: _____

Requested means of communication: Email Phone Mail

Employer: _____

Primary Work Setting: _____

List training and work/volunteer experience:

Languages Spoken: _____

Please review the following list of positions and check all that interest you.

- | | |
|---|--|
| <input type="checkbox"/> Registration/Greeter | <input type="checkbox"/> Patient Educator/Screenener |
| <input type="checkbox"/> Data Collector | <input type="checkbox"/> Supply Specialist |
| <input type="checkbox"/> Billing Clerk | <input type="checkbox"/> Staff Time and Roster Clerk |
| <input type="checkbox"/> Medical Assistant | <input type="checkbox"/> Spanish Interpreter |

Level of Participation:

- Active:** Receives notifications of ALL training opportunities, drills and exercises, emergency events, as well as non-emergency volunteer opportunities.
- Limited:** Receives only notification of training drills and exercises, and all emergency events.



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Have you ever been convicted of a felony? Y / N

A misdemeanor (other than a traffic violation)? Y / N

If yes, please explain: _____

Contact person in case of emergency:

Name: _____ Relationship: _____

Address: _____

Telephone: Daytime _____ Evening: _____

Have you had disaster response experience? Y / N

If yes, please describe:

Do you have disaster behavioral health experience? Y / N

If yes, please describe:

Deployment Preferences:

Where are you willing to travel for deployment? Local In-State Out-of-State

How many days are you willing to deploy for? _____

Licensed to Operate:

- A passenger vehicle
- Single commercial motor vehicle over 26,000 lbs
- A combination commercial motor vehicle over 26,000 lbs
- Other commercial vehicle and buses: _____

Are you licensed to transport hazardous materials? Y / N

Are you up-to-date on your tetanus, diphtheria and/or pertussis? Y / N

Date of last Tetanus: _____

Hepatitis A Vaccinated? Y / N

Hepatitis B Vaccinated? Y / N



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Do you have any physical limitations or medical problems that could restrict your activities or participation in the Medical Reserve Corps?

In the event of a declared national emergency, would you consider volunteering to work under the authority of the Federal Government? If yes, the information you provide will be made available to the Federal Government upon its request. Y / N

This information is requested by the Coos County Medical Reserve Corps. It will not be utilized or released for any other purpose without your express written permission unless required by law.

Signature: _____ **Date:** _____

Please return to:

Beth Barker-Hidalgo

Fax: 541-247-5601

Mail: 94235 Moore St., Suite 121, gold Beach, OR 97444