



Healthcare 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: _____

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

Professional Status:

- Licensed/Certified and Active
- Licensed/Certified and Active Part-Time
- Non-Licensed
- Previously licensed within the past 10 years

License Type: _____

Area of specialty: _____



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License Number or Certificate/Registration Number: _____ Exp.

Date: _____

Valid: Y / N State: _____

Do you have prescriptive authority? Y / N

Do you carry your own professional malpractice insurance? Y / N

Do you possess a DEA registration? Y / N

I understand that my credentials will be verified. _____ (initials)

Is your license in good standing? Y / N

Is your license free of adverse actions and restrictions? Y / N

Other relevant health care skills/certifications/training:

Are you a part of an emergency/disaster plan with any other organization? (Such as Red Cross, hospital, National Guard, Medical Teams International, etc.)

Yes / No If yes, please

list: _____

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: _____

Level of Participation:



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- 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.

Languages

Spoken: _____

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:

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



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Date of last Tetanus: _____

Hepatitis A Vaccinated? Y / N

Hepatitis B Vaccinated? Y / N

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

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

Fax: 541-247-5601