



Livingston County Medical Reserve Corps Application



I. Personal Information

Name _____
Last First MI

Maiden name _____

Mailing Address _____
Street

Town/Village State County ZIP Code

Date of Birth _____ Male / Female SS # _____

Home phone _____ Cell phone _____ Pager _____

Email _____ Fax _____

Do you have transportation? Yes / No

NY Drivers license # _____ Expiration date _____

Languages other than English _____ Level of fluency _____

United States citizenship is not required to be part of the Medical Reserve Corps. Non-citizen, legal U.S. residents are also welcome to volunteer and contribute their time to protecting and improving their communities.

II. Emergency Contact Information / Special Considerations

Name _____
Last First MI

Address _____
Street

Town/Village State ZIP Code

Contact numbers _____
Home Work Cell Pager

Special considerations / Concerns when away from home (family, work, dependents, pets)



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III. Current Employment and Availability

Circle any that apply: Employed Not employed Retired Student

Employer _____

Address _____

Town/Village State County ZIP Code

Telephone _____ Position _____

Are you able to leave work to respond to an emergency? Yes / No

Hours of availability (circle all that apply) Day Evening Night

What are the best ways to reach you in the event you are needed?

Home phone Cell phone Pager Email Fax

Are you currently part of a disaster response system or team? Yes / No

If yes, volunteer or work related? _____

Name of disaster response system or team _____

Responsibilities to system or team _____

IV. Area of Interest in Medical Reserve Corps (circle choices)

Patient Care (Patient care, assessment, immunizations, etc.)

Support services (Equipment, supplies, phones, clerical, transportation, communication, records management, dependent care, animal care, food service, etc.)

Corps training (Medical teaching, CPR, Incident Command System, Disaster training, etc.)

Other _____



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V. Professional Information

(Attach copies of licenses or certifications)

Current Licensure

Field	State	License #	Expiration

Certifications

Pertinent to your professional or volunteer work, for example:

- Medical:* CPR, Emergency Medical Technician, ACLS
- Business:* Certified Financial Planner
- Other:* Computer Technology, Water Operation Certification

Certification	Number	Expiration

Specialty areas/skills

Work experience



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VI. Volunteer Experience

Organization	Address
Volunteer period	Contact person and phone number
Skills and experience	
Organization	Address
Volunteer period	Contact person and phone number
Skills and experience	
Organization	Address
Volunteer period	Contact person and phone number
Skills and experience	

VII. Military Experience

Have you ever been in the military? Yes / No

If yes:

Branch of service _____ Active duty time period _____

Discharge date _____ Discharge type _____

Description of duties _____

VIII. Criminal History

Have you ever been convicted of a crime? (A crime is defined as a misdemeanor or felony) Yes / No

If yes explain _____



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VIII. References

Name
 Last _____ First _____ MI _____

Address
 Street _____

Town/Village _____ State _____ ZIP Code _____

Phone _____

Name
 Last _____ First _____ MI _____

Address
 Street _____

Town/Village _____ State _____ ZIP Code _____

Phone _____

Name
 Last _____ First _____ MI _____

Address
 Street _____

Town/Village _____ State _____ ZIP Code _____

Phone _____

To the best of my knowledge all statements set forth in this application for the Livingston County Medical Reserve Corps are true. I authorize a full investigation of the statements contained herein. I understand that any misrepresentation will call for immediate dismissal from the Livingston County Medical Reserve Corps.

Applicant Signature _____ Date _____

Please return completed application to: Livingston County Medical Reserve Corps
 2 Livingston County Campus
 Mt Morris, New York 14510

Official use only