MONTGOMERY COUNTY

MEDICAL RESERVE CORPS

REGISTRATION FORM

Personal Information

First Name: _____ Last Name: _____

Gender: ☐ Male ☐ Female Date of Birth: ____/____/____ (mm/dd/yyyy)

Home Address: _____

City: _____ State: _____ Zip: _____ County: _____

Home Phone: (____) _____ Mobile Phone: (____) _____

Home E-mail: _____ Pager: (____) _____

Do you have a PA Driver's License? ☐ Yes ☐ No List 8-digit driver's license #_____

Do you have a CDL license? ☐ Yes ☐ No

Primary Language: _____ Fluent in: _____

Employment

Business Name: _____ ☐ Employed ☐ Retired

Occupation: _____

Work Address: _____

City: _____ State: _____ Zip: _____ County: _____

Work Phone: (____) _____, Ext. _____

Work E-mail: _____ Fax: (____) _____

Professional Certifications and/or Licensures

Type: _____ State: _____ Status: ☐ Active ☐ Retired

Type: _____ State: _____ Status: ☐ Active ☐ Retired

Type: _____ State: _____ Status: ☐ Active ☐ Retired

What are your skill set/s? (check all that apply)

Technical
- ☐ Certified CPR
- ☐ Certified First Aid
- ☐ First Responder EMS/FF
- ☐ Public Health
- ☐ Law Enforcement/Military Police
- ☐ Pharmaceuticals
- ☐ Veterinarian/Animal Assistant

Medical
- ☐ General Internal Medicine
- ☐ General Surgery
- ☐ Infectious Disease
- ☐ Neuro Surgery
- ☐ Neurology
- ☐ Trauma Surgery
- ☐ Other _____

Administrative
- ☐ Clerical
- ☐ Planning
- ☐ Information Technology
- ☐ Transportation
- ☐ Translator/Special Needs
- ☐ Materials Handling-Picking Transport
- ☐ Materials Management/ Logistics

Nursing
- ☐ Infection Control
- ☐ Medical/Surgical
- ☐ OB/GYN Labor and Delivery
- ☐ Psych Nursing
- ☐ School
- ☐ Trauma
- ☐ Other _____

1. *Would you be willing to volunteer in neighboring Counties? If so, check which Counties:*

   ☐ Bucks ☐ Chester ☐ Delaware ☐ Philadelphia

2. *Are you registered with any other volunteer organization?* ☐ Yes ☐ No
   If yes, list:

   _____

   _____

3. *Are you currently in any reserve, military or re-call capacity that would affect your volunteer deployment in an emergency? Please list below:*

   a._____ b._____

CONSENT FOR VERIFICATION, REFERENCE AND BACKGROUND CHECK

I verify that the above information is accurate to the best of my knowledge. I concede to Montgomery County Medical Reserve Corps the rights to verify all information I have provided as to my educational qualifications and background, employment and volunteer history, my professional licenses and police records. By the same token, I consent to the release of all such above information to Montgomery County Medical Reserve Corps from any individual(s) or organization(s) that may be in custody of such information.

Entry of your name below signifies acceptance of this consent agreement:

Name: _____

Signature, if printed: _____ Date: _____/_____/_____
mm dd yyyy

Return the form

E-mail: publichealth@montcopa.org or
Fax: 610-278-5167, attn: Brandi Chawaga, Director of Health Promotion or
Mail: Montgomery County Health Department, 1430 DeKalb Street, Norristown, PA 19404-0311