



Please Print

## Volunteer Application

Please Print

*Personal Contact Information*

Full Name ( <i>Last, First, Middle</i> )		Preferred Name ( <i>if applicable</i> )	
Mailing Address	City	County	Zip Code
Home Phone	Cell Phone	E-mail Address ( <i>personal</i> )	

*Work Information*

Present Employer	Occupation	Work Phone
Work Address	Work Status <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Retired	

*Background Information:*

The following is required for a background check. Your information will be kept confidential.

Date of Birth	Place of Birth	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
Driver's License: (#, State, Expiration & Type)	Race: <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Other <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian/Pacific	
Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please explain:	
A misdemeanor? <input type="checkbox"/> Yes <input type="checkbox"/> No		

*Professional Licensure Information:*

It is **NOT** necessary to hold a professional license to join the Medical Reserve Corps.

Name on License	License Type
License Number & Expiration Date	Do you have Prescriptive Authority? <input type="checkbox"/> Yes <input type="checkbox"/> No

*Certifications, Skills, & Foreign Language*

Please list any certifications or trainings and date of completion:	
1. _____	
2. _____	
3. _____	
4. _____	
5. _____	
Please list any specialized skills with relevance to the Medical Reserve Corps:	Please list any foreign languages spoken/written:
1. _____	1. _____
2. _____	2. _____
3. _____	3. _____

How did you hear about the Sedgwick County MRC?			
<input type="checkbox"/> Sedgwick County website	<input type="checkbox"/> VolunteerKS.org	<input type="checkbox"/> MRC Volunteer	<input type="checkbox"/> Other:
<input type="checkbox"/> National MRC website	<input type="checkbox"/> Web search	<input type="checkbox"/> Sedgwick County Employee	



**Emergency Contact Information**

In case of emergency, please contact:		Relationship:
Daytime Phone:	Evening Phone:	
Do you have any personal health issues that would impact your ability to volunteer? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please list here:	

**Personal References:**

Please list 3 personal or professional references.

<input type="checkbox"/> Professional <input type="checkbox"/> Personal	Name:	Relationship:	Phone Number:
	Address:		
<input type="checkbox"/> Professional <input type="checkbox"/> Personal	Name:	Relationship:	Phone Number:
	Address:		
<input type="checkbox"/> Professional <input type="checkbox"/> Personal	Name:	Relationship:	Phone Number:
	Address:		

**Education**

Highest Level of Education: <input type="checkbox"/> High School <input type="checkbox"/> College <input type="checkbox"/> Graduate School <input type="checkbox"/> Other: _____	Year Graduated:	
Name of Graduating School	Degree	Major

**Affiliations:**

Are you a Sedgwick County employee? (Employment with Sedgwick County <b>does not</b> disqualify you from volunteering with the MRC) <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, with which department do you work? <input type="checkbox"/> Division of Health <input type="checkbox"/> EMS <input type="checkbox"/> Fire <input type="checkbox"/> Sheriff <input type="checkbox"/> Other:
Are you part of an emergency/disaster plan with any other organization? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please explain:

I hereby certify that all information on this application is accurate and correct and I hereby make application to the Sedgwick County Medical Reserve Corps. I understand that I am applying for a volunteer position and this is not an application for, nor a contract of, employment. I understand that this application does not automatically make me a credentialed volunteer and that further interviews and training will take place.

I understand that every attempt will be made to reduce the risks to volunteers; however, some risks may be present during a public health emergency or disaster.

I further understand and give written permission for the Sedgwick County Medical Reserve Corps to submit my name for criminal and driving background checks. Also, I realize that my professional licensure status will be verified.

Signature of Applicant

Date

**2 Please submit completed form:**

**By Fax:** (316) 660-4966 **By Email:** [mrc@sedgwick.gov](mailto:mrc@sedgwick.gov) **By Mail:** Medical Reserve Corps, 714 N. Main, Wichita, KS 67203