



**Section III. Licenses or Certification**

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Driver's License #		State(s)	Expiration
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Specialty	Number	State(s)	Expiration
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Specialty	Number	State(s)	Expiration
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**Section IV. Education**

Last School Attended \_\_\_\_\_ Location (City, State) \_\_\_\_\_

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List ALL Majors and Degrees Earned \_\_\_\_\_ Year(s) Awarded \_\_\_\_\_

**Section V. Additional Certifications**

	Most Recent Date	Certifying Agency
1. CPR: Adult ___ Child ___ Infant ___ AED ___	_____	_____
2. First Aid	_____	_____
3. Disaster Training	_____	_____
4. CERT(Community Em. Response Team)	_____	_____
5. Blood Borne Pathogens	_____	_____
6. Other _____	_____	_____

**Section VI. References**

List two individuals (not related to you) who are familiar with your qualifications and/or experience. These references may be checked for verification of information provided in this application.

1. \_\_\_\_\_  
Last Name \_\_\_\_\_ First \_\_\_\_\_ Occupation \_\_\_\_\_

Business or Home Address \_\_\_\_\_

Phone \_\_\_\_\_

2. \_\_\_\_\_  
Last Name \_\_\_\_\_ First \_\_\_\_\_ Occupation \_\_\_\_\_

Business or Home Address \_\_\_\_\_

Phone \_\_\_\_\_

**Section VII. Other Skills**

**Office or Medical Skills**

Do you have experience entering data into a computer database?

- I do this routinely (at least once a month)
- I do not do this routinely, but have prior experience and would be able to if need.
- I have no experience with this.

Do you have access to the Internet at home?      **YES**      **NO**

Are you able to receive email at home?      **YES**      **NO**

Do you or have you supervised staff or volunteers?      **YES**      **NO**

Have you been trained to draw blood?

- I do this routinely
- I do not do this routinely, but have prior experience and would be able to if necessary.
- I have no experience with this.

Indicate which groups or groups you have experience with in drawing blood.

Adults       Children       Infants

Have you been trained to give injections?

- I do this routinely
- I do not do this routinely, but have prior experience and would be able to if necessary.
- I have no experience with this.

Please specify if you have experience giving the following types of injections:

Intramuscular       Subcutaneous       Intradermal

Please indicate which group or groups you have experience with in giving injections.

Adults       Children       Infants

Have you ever administered small pox vaccine?      **YES**      **NO**

**Section VIII. Related Experience and Training**

- |   |                      |
|---|----------------------|
| 1. Are you familiar with Incident Command System of Emergency Management?<br>If yes, specify level of training    Not at all _____    Somewhat _____    Fully Trained _____ | <b>YES</b> <b>NO</b> |
| 2. Are you familiar with basic principles of epidemiology?<br>If yes, specify level of familiarity    Not at all _____    Somewhat _____    Fully Trained _____             | <b>YES</b> <b>NO</b> |
| 3. Have had any training regarding terrorism preparedness or emergency response to terrorism?<br>If yes, please specify type of training                                    | <b>YES</b> <b>NO</b> |

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**Please describe any additional specialized skills or training applicable to the MRC: (E.g. Hurricane Katrina Volunteer, Radio Operator, etc.)**

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**Section IX. Languages (Non - English)** Please indicate whether **basic (B)**, **intermediate (I)**, or **advanced (A)**.

Language	Read	Write	Speak

**Section X. Vaccine History**

Have you been vaccinated against any of the following pathogens?

If yes, list the year of your last vaccination.

	YES	NO	Year
1. Anthrax			_____
2. Influenza			_____
3. Hepatitis A			_____
4. Hepatitis B			_____
5. Meningitis			_____
6. Smallpox			_____
7. Tetanus			_____
8. Tularemia			_____
9. Other _____			_____

**Section XI. Additional**

Individual Considerations That Affect Your Ability to Volunteer (Allergies, Special Needs, Medical Problems, Availability):

Allergies: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Section XII. Volunteering Areas**

MRC responsibilities may be subdivided into the following areas, please rate your interest from 1 to 4, 1 as the most interested

1. Emergency Response Team - Medical and/or Support	1	2	3	4
2. Public Health Information, Education/ Community Outreach and Networking	1	2	3	4
3. Volunteer Training and Management/Continuing Education	1	2	3	4
4. Administrative Support and Credentialing	1	2	3	4
5. Mass Sheltering (Human and Animal) resource development	1	2	3	4

I authorize the City of Evanston to conduct inquiry and verification of all statements contained in this application for membership to the Medical Reserve Corps. I authorize the release of any personal and criminal history for Medical Reserve Corps Volunteer membership. I understand that any misrepresentation or omission of facts, regardless of date of discovery, may be considered grounds for termination or the withdrawal of an offer of membership. I understand that submission of this application or membership in the Medical Reserve Corps does not imply status to any individual or organization as an agent or employee of the City of Evanston. I understand that the Evanston Medical Reserve Corps is under the Evanston Citizens Corps Council, which is a branch of the Emergency Management Agency. I also agree to abide by all rules and policies enacted by the Medical Reserve Corps.

I certify that the information given herein is true and correct to the best of my knowledge and belief.

Signature of applicant \_\_\_\_\_ Date \_\_\_\_\_

**FOR OFFICE USE ONLY**

<b>Physicians</b>	<input type="checkbox"/>	<b>Physician Assistants</b>	<input type="checkbox"/>
<b>Nurse Practitioners</b>	<input type="checkbox"/>	<b>Nurses</b>	<input type="checkbox"/>
<b>Pharmacists</b>	<input type="checkbox"/>	<b>Dentists</b>	<input type="checkbox"/>
<b>Veterinarians</b>	<input type="checkbox"/>	<b>Mental Health Professionals</b>	<input type="checkbox"/>
<b>EMS Professionals</b>	<input type="checkbox"/>	<b>Respiratory Therapists</b>	<input type="checkbox"/>
<b>Other Public Health/Medical</b>	<input type="checkbox"/>	<b>Non-Public Health/Medical</b>	<input type="checkbox"/>

\_\_\_\_\_