Harford County Medical Reserve Corps
Harford County Health Department
120 S. Hays Street
Bel Air, Maryland 21014
Office 410-877-1026 Fax 410-420-3448

Personal Contact Information

Last Name: _____ First Name: _____ MI: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell: _____

Email Address: _____

Birth Date: _____ Age (18 years or older): _____ Gender: _____

Are you licensed to operate a motor vehicle in Maryland? Y N (circle one)
Has your license ever been revoked? Y N (circle one)
Have you ever been convicted of a felony? Y N (circle one)
Please provide a brief explanation if yes to the above:

_____

_____

Do you have any personal health issues that would impact your ability to volunteer? Y N (circle one)
(For example: allergies, medication issues, disabilities, special needs, or being treated for a medical condition)
If yes, please either list here or speak personally with the HCMRC Coordinator.

_____

_____

Employment Information

Employer Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Occupation: _____

Education

Education (Check highest level) ☐ High School ☐ College ☐ Graduate School

School Name: _____ Location: _____

Type of Degree: _____ Major: _____ Year Graduated: _____

Professional Licensure

Please attach copies of all licenses, certifications and specialties

Name on License or Certificate: _____

Licensing Agency and State: _____

Current License Expires: _____ License/Cert #: _____

Are you retired? Y N (circle one)

Do you have hospital privileges? Y N (circle one)

Where? _____

List any specialties within your Professional Licensure that you hold:

1. _____
2. _____
3. _____

Certifications

Certifications	Date of Certification	Other Certifications	Date of Certification
☐ CPR	_____	☐ _____	_____
☐ First Aid	_____	☐ _____	_____
☐ Shelter Management	_____	☐ _____	_____
☐ CISM	_____	☐ _____	_____
☐ CERT	_____	☐ _____	_____
☐ Incident Command	_____	☐ _____	_____

Training

Training	Date of Training	Other Trainings	Date of Training
☐ Disaster Training	_____	☐ _____	_____
☐ Blood Borne Pathogens	_____	☐ _____	
_____			
☐ Epidemiology	_____	☐ _____	_____
☐ Disease Investigation	_____	☐ _____	_____
☐ Emergency Response	_____	☐ _____	_____
☐ Mental Health	_____	☐ _____	_____

Vaccines & Illnesses

Vaccines/Skin Testing	Date	Other Vaccines	Date
☐ TB Skin Test	_____	☐ _____	_____
☐ Hepatitis series	_____	☐ _____	_____
☐ Tetanus	_____	☐ _____	_____
☐ MMR	_____	☐ _____	_____

Illnesses	Date	Other Illnesses	Date
☐ Chicken Pox	_____	☐ _____	_____
		☐ _____	_____

Languages

Languages	Other Languages
☐ Spanish	☐ _____
☐ Sign Language	☐ _____
	☐ _____

Interests, skills and Volunteer Experience

Are you part of an emergency/disaster plan with any other organization? Y N (circle one)

If yes, please list: _____

What skills do you have to offer? (Circle any that apply)

Administrative/Clerical	Dentist	Physician	Nurse
Computer Skills/Data Entry	Ministry	Inventory Control	Mortuary
Security	Veterinarian	Mental Health - CISM	EMT
Pharmacists/Techs	Social Workers	Communications/HAM Radio	
Greeters/Line Flow Escort	Other - _____		

Personal References & Emergency Contact

Personal Reference (friend or co worker)

Name: _____ Phone:_____ Relationship:_____

Name: _____ Phone:_____ Relationship:_____

Emergency Contact

Name: _____ Phone:_____ Relationship:_____

Email_____ Cell:_____ Pager:_____

Name: _____ Phone:_____ Relationship:_____

Email_____ Cell:_____ Pager:_____

Statement & Disclosure

1. As an applicant for a volunteer position with the Harford County Medical Reserve Corps, I hereby expressly authorize release of any information you as a reference, may have concerning me, including information of a confidential or privileges nature. I hereby release any organization, company, institution, or person furnishing the information requested.

2. I certify that the foregoing answers, and all supplementary documents are correct and that false information may result in refusal/dismissal from volunteer service. If offered a volunteer position, I will abide by the Harford County Medical Reserve Corps Policies and Procedures.

Signature of Applicant: _____ Date: _____

☐	Approved	☐	Licensed Checked	☐ Interview	**For office use only**
☐	Denied	☐	References Checked	Date & Initials: _____	

Please return all materials to:

Lisa C. Swank, BSN, RN
120 S. Hays Street
Bel Air, MD 21014
Fax # 410-420-3448

Phone # 410-877-1026