



# CENTRAL NEBRASKA MEDICAL RESERVE CORPS

## VOLUNTEER APPLICATION

### PERSONAL CONTACT INFORMATION (KEPT CONFIDENTIAL)

**NAME:** Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

**ADDRESS:** Street \_\_\_\_\_ County \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**PHONE:** Home \_\_\_\_\_ Work \_\_\_\_\_ Mobile \_\_\_\_\_

**E-MAIL:** Home \_\_\_\_\_ Work \_\_\_\_\_ Pager \_\_\_\_\_

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

**Date of Birth** \_\_\_\_\_ **Place of Birth** \_\_\_\_\_

**Drivers License #** \_\_\_\_\_

**Gender** M F      **Social Security #** \_\_\_\_\_

**Ethnic Group:** Black White Hispanic American Indian/Alaskan Native Asian/Pacific Islander

Have you ever been convicted of a felony? **Y N** A misdemeanor? (Any traffic violations) **Y N**  
If yes, please explain:

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### EMERGENCY CONTACT INFORMATION:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Mobile \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

<u>M.D./D.O.</u>	<u>Nurse Prac.</u>	<u>Pharmacist</u>	<u>CAN</u>
<u>PA</u>	<u>LPN</u>	<u>Pharmacy Tech</u>	<u>Veterinarian</u>
<u>Psychologist</u>	<u>EMT</u>	<u>Lab Tech</u>	<u>Medication Aide II</u>
<u>RN</u>	<u>Paramedic</u>	<u>X-Ray Tech</u>	<u>Phlebotomist</u>
<u>Accountant</u>	<u>Bus Driver</u>	<u>Mechanic</u>	<u>Counselor</u>
<u>Attorney</u>	<u>Secretary</u>	<u>Office Manager</u>	<u>Teacher</u>
<u>Interpreter</u>	<u>Clergy</u>	<u>Mortician</u>	<u>Social Worker</u>
<u>IT</u>	<u>Data Entry</u>	<u>Nutritionist</u>	<u>Ham Operator</u>

Call Sign: \_\_\_\_\_

**\*\*\*Only for non-credentialed volunteers\*\*\***

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

Date of Birth: _____	SSN#: _____
Address: _____ City: _____ State: _____	
Previous Address: _____ City: _____ State: _____	
Signature: _____	

**FOREIGN LANGUAGE:**

What languages do you **speak** or understand other than English?

\_\_\_\_\_ Speak \_\_\_\_\_ Write \_\_\_\_\_ Read \_\_\_\_\_

\_\_\_\_\_ Speak \_\_\_\_\_ Write \_\_\_\_\_ Read \_\_\_\_\_

**POSITION OF INTEREST:**

**LICENSING/CERTIFICATIONS**

	License #	State	Expiration
Clergy	_____	_____	_____
Dentist	_____	_____	_____
EMT	_____	_____	_____
Epidemiologist	_____	_____	_____
Lab Tech	_____	_____	_____
Mental Health Practitioner	_____	_____	_____
Microbiologist	_____	_____	_____
Mortuary Service	_____	_____	_____
Nursing RN__ LPN__	_____	_____	_____
Nutritionist	_____	_____	_____
Paramedic	_____	_____	_____

Pharmacist \_\_\_\_\_  
 Physician \_\_\_\_\_  
 Phlebotomist \_\_\_\_\_  
 Psychologist \_\_\_\_\_  
 Respiratory Therapist \_\_\_\_\_  
 Social Worker \_\_\_\_\_  
 Substance Abuse Counselor \_\_\_\_\_  
 Veterinarian \_\_\_\_\_  
 X-Ray Tech \_\_\_\_\_  
 Other \_\_\_\_\_

Area of specialty \_\_\_\_\_

Are you board certified? Yes \_\_\_ No \_\_\_  
 Do you have prescriptive authority? Yes \_\_\_ No \_\_\_  
 Are you retired and licensable in good standing? Yes \_\_\_ No \_\_\_

**Please attach a copy of your current professional license/certification to this application.**

**AVAILABILITY:**

Are you available to respond to emergencies across Nebraska or Iowa? Yes \_\_\_\_\_ No \_\_\_\_\_  
 Are you available to respond to emergencies in the Mid America Alliance States Region 7 & 8  
 (Colorado, Iowa, Kansas, Missouri, Montana, Nebraska, North Dakota, South Dakota, Utah and  
 Wyoming) ? Yes \_\_\_\_\_ No \_\_\_\_\_  
 What county area are you available to respond to? \_\_\_\_\_  
 Availability: Days \_\_\_ Evenings \_\_\_ Mon \_\_\_ Tues \_\_\_ Wed \_\_\_ Thurs \_\_\_ Fri \_\_\_ Sat \_\_\_ Sun \_\_\_

**I PREFER TO BE:** \_\_\_\_\_ **INACTIVE** (prepared for service only in an emergency or disaster)  
 \_\_\_\_\_ **ACTIVE** (leader, recruiter, trainer, community health initiatives, etc)  
 Are you part of any other emergency disaster alert system? Yes \_\_\_ No \_\_\_

**Please indicate counties in which you are willing to serve:**

<u>Adams</u>	<u>Franklin</u>	<u>Harlan</u>	<u>Phelps</u>
<u>Blaine</u>	<u>Garfield</u>	<u>Howard</u>	<u>Sherman</u>
<u>Buffalo</u>	<u>Gosper</u>	<u>Kearney</u>	<u>Valley</u>
<u>Clay</u>	<u>Greeley</u>	<u>Loup</u>	<u>Webster</u>
<u>Custer</u>	<u>Hall</u>	<u>Merrick</u>	<u>Wheeler</u>
<u>Dawson</u>	<u>Hamilton</u>	<u>Nuckolls</u>	<u>ALL</u>

**Interest in a leadership position within Unit:**

Logistics Officer	Safety Officer	Other:
Public Information Officer	Volunteer Relations	Other:

**CERTIFICATIONS AND TRAINING**

Certifications	Most Recent Date	Certifying Agency
CPR	_____	_____
First Aid	_____	_____
Disaster Training	_____	_____
CERT	_____	_____
Blood borne Pathogen	_____	_____
Incident Command System	_____	_____
Epidemiology	_____	_____
Bioterrorism	_____	_____
Other	_____	_____

**WORK CONTACT INFORMATION**

**OCCUPATION:** \_\_\_\_\_ Full time \_\_\_ Part time \_\_\_ Retired \_\_\_\_\_

**PRESENT EMPLOYER:**

Company \_\_\_\_\_ Position \_\_\_\_\_ Phone \_\_\_\_\_ Dates \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

In the event volunteers are called to respond to an emergency: Please list additional person(s) who may be used to contact you if we are unable to reach you using the information provided above.

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

**PREVIOUS EMPLOYMENT:**

Company \_\_\_\_\_ Position \_\_\_\_\_ Dates \_\_\_\_\_

Company \_\_\_\_\_ Position \_\_\_\_\_ Dates \_\_\_\_\_

**VOLUNTEER EXPERIENCE:**

Organization \_\_\_\_\_ Position \_\_\_\_\_ Dates \_\_\_\_\_

Organization \_\_\_\_\_ Position \_\_\_\_\_ Dates \_\_\_\_\_

**EDUCATION:**

School \_\_\_\_\_ Degree/Specialty \_\_\_\_\_ Dates \_\_\_\_\_

School \_\_\_\_\_ Degree/Specialty \_\_\_\_\_ Dates \_\_\_\_\_

**PERSONAL REFERENCES:**

Please list two people who know your qualifications and/or background experience. Do not list relatives or supervisors. Reference checks will be contacted by phone during regular business hours. Please notify individuals that the Central Nebraska Medical Reserve Corps. We will be contacting them regarding your interest in becoming a volunteer.

Name \_\_\_\_\_ Relationship to you \_\_\_\_\_ Address \_\_\_\_\_  
Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Known how long? \_\_\_\_\_

Name \_\_\_\_\_ Relationship to you \_\_\_\_\_ Address \_\_\_\_\_  
Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Known how long? \_\_\_\_\_

I hereby certify that all the information shown above is accurate and correct and I hereby make application for member in the Central Nebraska Medical Reserve Corps. I understand that I am applying for a volunteer position and that this is not an application for, or contract of, employment.

I understand that every attempt will be made to reduce risks to volunteers, however some risks may be present during a public health emergency and I agree to assume my own risk as a volunteer.

I do hereby give the Central Nebraska Medical Reserve Corps permission to inquire into my educational background, references, driving record, police records, employment and volunteer history. If I am a licensed practitioner, I also give permission for Central Nebraska Medical Reserve Corps to check my licensure, my certifications and the National Practitioner Database. I further give permission to the holder of any such records to release same to the Central Nebraska Medical Reserve Corps or its sponsoring agencies. I understand that the Central Nebraska Medical Reserve Corps will only use this information as part of its verification of my volunteer application and periodically for evaluation purposes. I do hereby hold the Central Nebraska Medical Reserve Corp harmless from any liability, whether civil or criminal, that may arise as a result of there release of this information about me. I further hold harmless any individual, agency, business or corporation that provides information or documents to the Central Nebraska Medical Reserve Corps.

A Photocopy of this release form will be valid as an original thereof even though the said photocopy does not contain an original writing of my signature.

**Print Name** \_\_\_\_\_ **Signature** \_\_\_\_\_ **Date** \_\_\_\_\_