



**Southwest Idaho Medical Reserve Corps**

920 Main Street  
Caldwell, Idaho 83605  
Telephone: 208-455-5324  
Fax: 208-454-7722

<http://www.southwestdistricthealth.org>

## MRC VOLUNTEER SIGN-UP

Please print or type

<b>Name</b>			
<b>Mailing Address</b>			
<b>City</b>		<b>State</b>	<b>Zip</b>
<b>Home Phone</b>	<b>Work Phone</b>	<b>Cell Phone</b>	<b>Other</b>
<b>Email</b>		<b>Employer</b>	
<b>Type: Medical Professional:</b> <input type="checkbox"/> Doctor <input type="checkbox"/> Nurse <input type="checkbox"/> Pharmacy <input type="checkbox"/> Other _____	<b>Type:</b> <input type="checkbox"/> Non Medical CERT COPS Other _____	<b>Requested means of communication:</b> <input type="checkbox"/> Mail to above address <input type="checkbox"/> Mail to _____ _____ <input type="checkbox"/> Email to above	
<b>For All Medical Professionals: Please indicate License Number or Certificate/Registration Number</b>		<b>State License Held</b>	<b>Specialty</b>
<b>Level of Membership:</b>			
<input type="checkbox"/> Active		Receives notifications of ALL training opportunities, drills & exercises, emergency events, as well as non-emergency volunteer opportunities.	
<input type="checkbox"/> Limited		Receives only notification of drills & exercises & all emergency events.	
<input type="checkbox"/> Emergency Only		Receives notification of only major emergency events.	
Have you ever been convicted of a felony?    Yes    No		A misdemeanor other than a traffic violation?    Yes    No	
If yes, please explain:			
A Criminal Background Check may be required of some volunteers:			
<input type="checkbox"/> Yes, I agree that a background check may be performed. Birth date ___/___/___ Other Names _____			
<input type="checkbox"/> NO, I do not wish to have a background check performed. Refusal of a background check does not automatically eliminate you from consideration for volunteer service.			
<b>Location Preference for Responding:</b>			
<input type="checkbox"/> Canyon County	<input type="checkbox"/> Gem County	<input type="checkbox"/> Adams County	<input type="checkbox"/> Payette County
<input type="checkbox"/> Owyhee County	<input type="checkbox"/> Washington County	<input type="checkbox"/> Out of State	<input type="checkbox"/> Out of District
I have read, understand, and signed the Application for Employment and Volunteer Agreement. <input type="checkbox"/>			
<b>Privacy Act Statement</b>			
This information is requested by Southwest District Health for the purpose of organizing volunteers and staff to respond to public health emergencies. It will not be utilized or released for any other purpose without your permission. Information will be placed in the state Learning Management System database.			
<b>Signature</b>		<b>Date:</b> _____/_____/_____	

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 Medical Reserve Corps Volunteer Coordinator  
 Office of Public Health Preparedness  
 Southwest District Health  
 Caldwell, Idaho 83605