



New Orleans Area Region 1
 Medical Reserve Corps
 City of New Orleans Health Department
 Dr. Evangeline Franklin, Unit Leader
 1300 Perdido St. Ste.8E18
 New Orleans, LA 70112
 504-658-2600

VOLUNTEER APPLICATION

Thank you for your desire to **ACTIVATE, RESPOND, and MAKE A DIFFERENCE** in Region 1. You will be part of a vital program designed to mobilize a trained medical support unit to augment emergency operations and responses during man-made or natural disasters and address community needs on a day to day basis.

Information collected through this application will be kept private. Only the NOMRC Coordinator and NOMRC team members will have access to your name, phone numbers, e-mail, and fax numbers. All other information will be used to complete background checks, license verification, and task placement. This information will be registered in the database system, ESAR-VHP, Emergency Systems for Advanced Registration of Volunteer Health Professionals.

Please Print Clearly

Section 1: Complete ESAR-VHP application that applies to your field.					
Section 2: Personal Contact Information					
Name:					
Home Address:					
City:	State:	Zip:			
Email Address:					
Section 3: Occupation					
Employer:					
Address:					
City:	State:	Zip:			
Phone:	Ext:	Fax:			
Section 4: In case an emergency happens to YOU please contact:					
Name:	Phone:	Relationship:			
Name:	Phone:	Relationship:			
Section 5: What is the best way to contact you in the event of an emergency?					
Primary Contact:	<input type="checkbox"/> Phone	<input type="checkbox"/> Fax	<input type="checkbox"/> Cell	<input type="checkbox"/> Pager	Primary number: _____
Secondary Contact:	<input type="checkbox"/> Phone	<input type="checkbox"/> Fax	<input type="checkbox"/> Cell	<input type="checkbox"/> Pager	Secondary number: _____

Section 6: Prior Commitments to Emergency Response

Do you have any military or civil service obligations in the event of an emergency?

Yes No
If yes, explain:

Are you part of an emergency/disaster plan with any other organization?

Yes No
If yes, explain:

Do you have other commitments that might pose a conflict in the event of an emergency? If, yes, please identify them below:

Section 7: Please list any special physical or medical limitations you have or other considerations we should know about you:

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Section 8: Education

School Name	Location	Degree Earned	Major/Specialization	Year Completed

Section 9: License (professionals with a current license or certification in any health or mental health field please attach copies of your current professional license to this application)

License	License/Certification #	Expiration Date

Do you have prescriptive authority?

Yes No

Section 10: Certifications and Trainings (Please attach documentation. Examples include CPR, First Aid, CERT, Disaster Training, Blood borne Pathogens, NIMS, Epidemiology, Bioterrorism, Incident Command System, Etc.)

Certification/Trainings	Most Recent Date	Certifying Agency

Section 11: In case of a large scale emergency

Have you had Incident Command training, NIMS? Yes No
 Have you had HIPAA training? Yes No
 Have you had disaster psychology training? Yes No
 Have you had body mechanics training? Yes No
 Have you had triage training? Yes No
 Have you had blood borne pathogens training? Yes No
 Are you willing to work shifts at a Special Needs Shelter? Yes No
 Are you willing to work shifts at a General Shelter? Yes No

Describe other disaster training you have had.

If you are volunteering on behalf of the New Orleans Area Regional Medical Reserve Corps, how can you be assured your family and pets are taken care off? Briefly describe your family/pets disaster plan.

Section 12: Skills (please list any special skills that you are bring to the Medical Reserve Corps like languages that you may speak or understand, pleas indicate level of skill)

Section 13: Availability: Circle all that apply. Shifts are generalized and you are not committed to working within these time frames.

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning 6a- 12pm	Morning 6a- 12pm	Morning 6a- 12pm	Morning 6a- 12pm	Morning 6a- 12pm	Morning 6a- 12pm	Morning 6a- 12pm
Afternoon 12pm-6pm	Afternoon 12pm-6pm	Afternoon 12pm-6pm	Afternoon 12pm-6pm	Afternoon 12pm-6pm	Afternoon 12pm-6pm	Afternoon 12pm-6pm
Evening 6p-12am	Evening 6p-12am	Evening 6p-12am	Evening 6p-12am	Evening 6p-12am	Evening 6p-12am	Evening 6p-12am
Graveyard 12am -6am	Graveyard 12am -6am	Graveyard 12am -6am	Graveyard 12am -6am	Graveyard 12am -6am	Graveyard 12am -6am	Graveyard 12am -6am

Section 14: How did you hear about the Medical Reserve Corps?

ACKNOWLEDGMENT RELEASE OF CONFIDENTIAL INFORMATION

This signed document authorizes the New Orleans Area Regional Medical Reserve Corps (NOMRC) to release any necessary contact information to members of the Medical Reserve Corps (MRC) for the purpose of contacting you in the event of NOMRC activation.

By signing this release you are acknowledging that your name, phone numbers, e-mail and fax numbers will be released and made public to MRC personnel and volunteers.

You also acknowledge and agree that as a member of the NOMRC, you will not use any contact information you receive about any other NOMRC volunteer for any purpose other than official Alert notification(s) to other NOMRC volunteers.

I do hereby give the NOMRC permission to inquire into my educational background, references, driving record, employment, volunteer history and police record.

I also grant permission for this information to be used by the NOMRC to contact me concerning issues of NOMRC training and other administrative subjects.

1. I understand that I have the right to refuse to release this information. If I refuse to release this information, it will not be possible for this office to process my application with the Medical Reserve Corps.
2. I understand that I may withdraw this consent upon written notice.
3. I hold the New Orleans Area Regional Medical Reserve Corps harmless of any liability, criminal or civil, that may arise as a result of the release of this information about me. I also hold harmless any individual or organization that provides information to the above-named agency.
4. I do hereby give the New Orleans Area Regional Medical Reserve Corps permission to release my personal information as needed for training and/or deployment of the Medical Reserve Corps.

Further, I understand the accuracy of the information I present to the New Orleans Area Regional Medical Reserve Corps is critical. To the best of my knowledge, all of the information provided in this document is correct and answered completely to the best of my ability. Should the information I provide change, I pledge that I will update my profile as quickly as possible to ensure the MRC volunteer database is current. **I understand a background check and sexual predator check will be conducted using information I have provided.**

I hereby certify that all statements made in this application are true and I agree and understand that any misstatement of material facts may cause forfeiture of my eligibility for enrollment as a health professional reserve volunteer. I also understand that falsification or omission of information may result in my removal from eligibility as a volunteer. I understand that submitting this application does not guarantee selection for placement.

Signature of Volunteer

Driver's License #/State

Date

Print Name