



Medical Reserve Corps of Boulder County (MRCBC) Volunteer Application

Thank you for your interest in joining the Medical Reserve Corps of Boulder County (MRCBC) and serving Boulder County Public Health! **Please return your completed application to: Boulder County Public Health/MRCBC, 3450 Broadway, Boulder, CO 80304**

NOTE: All personal information will be kept strictly confidential.

The MRCBC is encouraging all emergency preparedness volunteers to register with the Colorado Volunteer Mobilizer (CVM). Please visit <https://covolunteers.state.co.us> to register. The MRCBC will be using this statewide database to conduct background checks, check credentials and/or licensing, provide notification of trainings or planned exercises, and activate volunteers for public health emergencies or disasters in Boulder County. This system will also allow you to choose deployment outside of Boulder County, if you wish.

Personal Information – Please Print or Type			
Last Name:	First Name:	Middle Initial:	
Street Address:	City:	State/Zip:	
Mailing Address (if different from above):	City:	State/Zip:	
Number of Years Residing in Colorado:	Previous State of Residence Prior to Colorado:		
Home Phone Number:	Cell Phone Number:	Pager Number:	
E-mail Address:	Date of Birth:	Social Security Number:	
Employer:	Position/Title:	Driver's License Number:	
Work Address:	City:	State/Zip:	
Work Phone Number:			
Emergency Contact – Will be Notified in Case of Emergency			
Last Name:	First Name:	Relationship:	
Street Address:	City:	State/Zip:	
Home Phone Number:	Work Phone Number:	Cell Phone Number:	



Professional Licensure, Certification, and Specialties

Do you have a medical license?

Yes No

Type of medical license:

MD/DO PA RN LPN
 EMT Other:

License Number:

Expiration Date:

State Issued:

Specialty within the above professional licensure/certification that you possess:

Subspecialty within the above professional licensure/certification that you possess:

Professional Area and Skills

Health/Medical

- Physician
- Dentist
- Physician's Assistant
- Nurse
- Pharmacist
- Pharmacy Technician
- Mental Health Professional
- Emergency Medical Technician
- Veterinarian
- Epidemiologist
- Physical Therapist
- Occupational Therapist
- Microbiologist
- Toxicologist
- Public Health Worker
- Health Information Specialist
- Other: _____

Other

- Accounting/Finance
- Educator
- Engineer
- Technician
- Interpreter
Languages: _____
- Administrative Support
- Clergy
- Other: _____

Additional Information

Are you willing to travel and volunteer outside of your...

County? Yes No

State? Yes No

Are you proficient or fluent in a language other than English?

Spanish Sign Language Other: _____

List additional skills and knowledge that you possess that would be of value during an emergency:



Additional Information (cont.)

Do you have any special considerations or medical restrictions? If so, please explain:

Trainings/Certifications

Please indicate which emergency preparedness trainings you may be interested in or those that you have already completed and are certified:

Interested	Currently certified	
<input type="checkbox"/>	<input type="checkbox"/>	Mass Immunization Processing
<input type="checkbox"/>	<input type="checkbox"/>	Triage
<input type="checkbox"/>	<input type="checkbox"/>	Red Cross Disaster Training
<input type="checkbox"/>	<input type="checkbox"/>	Hazardous Materials Training
<input type="checkbox"/>	<input type="checkbox"/>	Personal Protection Equipment Training
<input type="checkbox"/>	<input type="checkbox"/>	CPR
<input type="checkbox"/>	<input type="checkbox"/>	First Aid
<input type="checkbox"/>	<input type="checkbox"/>	Incident Command System (IS 100)
<input type="checkbox"/>	<input type="checkbox"/>	Incident Command System (IS 200)
<input type="checkbox"/>	<input type="checkbox"/>	National Incident Management Systems (NIMS— IS 700)

Other trainings of interest or current certifications:

Applicant Verification and Consent for Reference and Background Check

Have you ever been convicted of any law violation (except a **minor** traffic violation)?

Yes No

If yes, please explain:

I verify that the information I have provided in this application is accurate to the best of my knowledge.

I hereby give Boulder County Public Health permission to inquire about my educational background, licenses/certifications, criminal history record, and employment and/or volunteer history; and I give permission to the holder of any such information to release it to Boulder County Public Health and the Medical Reserve Corps of Boulder County.

Prospective Volunteer Signature

Date



Medical/Safety Acknowledgements			
Recommended Immunizations for MRC Volunteers	Date #1	Date #2	Date #3
Hepatitis B (3 doses or positive titer) <input type="checkbox"/> Positive Titer _____ Date <input type="checkbox"/> N/A			
MMR (1 dose if born before 1957; 2 doses if born in 1957 or later) <input type="checkbox"/> Positive Titer _____ Date <input type="checkbox"/> N/A			
Varicella (History of disease or 2 vaccinations) <input type="checkbox"/> History of Disease			
Tdap (Tetanus [Td] every 10 years following primary childhood doses; one-time dose of Tdap)			
Influenza (annual)			
Hepatitis A (consider 1 or 2 doses)			

Recommended Training for MRCBC Volunteers	Date & Initials		
Universal Precautions Training: <input type="checkbox"/> Have had previous training; request no further training. <input type="checkbox"/> Need to request training (call BCPH at 303-413-7527). <i>For MRCBC Coordinator:</i> <i>Training completed on: _____ (Date)</i>			

I hereby acknowledge the safety and health risks associated with being a Medical Reserve Corps volunteer. I have been given an immunization recommendation sheet and assume the responsibility of becoming fully vaccinated, with guidance from my personal health care provider. I will provide the MRCBC coordinator with all appropriate documentation of such vaccinations. I also acknowledge the need for Universal Precautions training and have had such training or will request training, which can be provided by Boulder County Public Health (BCPH). I also understand the importance of annual training in Universal Precautions and agree to keep current on these practices.

Prospective Volunteer Signature

Date

