



**West Texas Medical
Reserve Corps**



Volunteer Application

Contact Information

Name			
Street Address			
City ST ZIP Code			
Home Phone		Work Phone	
E-Mail Address			

Availability

During which hours are you usually available for volunteer assignments?

- | | |
|---|---|
| <input type="checkbox"/> Weekday mornings | <input type="checkbox"/> Weekend mornings |
| <input type="checkbox"/> Weekday afternoons | <input type="checkbox"/> Weekend afternoons |
| <input type="checkbox"/> Weekday evenings | <input type="checkbox"/> Weekend evenings |

Interests

Tell us in which areas you are interested in volunteering. Check all that apply.

- ☐ Administration
- ☐ Community Education
- ☐ Disaster Site
- ☐ Events
- ☐ Emergency Response
- ☐ Field Work
- ☐ Fundraising
- ☐ General Shelter
- ☐ Health Fairs
- ☐ Immunization Clinic
- ☐ Interpretation
- ☐ Newsletter production
- ☐ Phone bank
- ☐ Preparedness Educ.
- ☐ Public Health Educ.
- ☐ Regional Medical Team
- ☐ Rescuer Break Site
- ☐ Special Needs Shelter
- ☐ Volunteer coordination
- ☐ Other _____

Qualifications

List your licenses and/or certifications, including issuing agency, number, and expiration date. Add additional information on additional page if necessary

License/Certification (Specify specialty if applicable)	Issuing Agency	License Number	Expiration Date

Previous Volunteer Experience

Summarize your previous volunteer experience.

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Person to Notify in Case of Emergency

Name			
Street Address			
City ST ZIP Code			
Home Phone		Work Phone	
E-Mail Address			

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal. I understand that not every person who applies to become a volunteer is accepted. There may be circumstances when it is believed the applicant may not be suitable for this organization. The WTX MRC Director will have the discretion to make this decision. I also give permission to have a background check and to have my licensure/certification verified if needed.

Name (printed)	
Signature	
Date	

Our Policy

It is the policy of this organization to provide equal opportunities and will not discriminate on the basis of race, color, religion, ethnic origin, national origin, gender, sexual orientation, gender expression, genetic information, pregnancy, marital status, age, disability or veteran's status. Everything you have entered in this form will be kept confidential and will only be used for the purpose of the West Texas Medical Reserve Corps.

Thank you for completing this application form and for your interest in volunteering with us.

Medical Reserve Corps Websites

For registration and information:

www.westtexasmrc.org

For registration into the TX Disaster
Volunteer Registry

<https://texasdisastervolunteerregistry.org>

For General Information:

<https://aspr.hhs.gov/MRC/Pages/About-the-MRC.aspx>

For Internet-based training:

www.mrc.train.org

