

KANSAS MEDICAL RESERVE CORPS VOLUNTEER APPLICATION



PLEASE PRINT

Personal Contact Information

Full Name (<i>Last, First Middle</i>)		Alias (<i>if applicable</i>)	
Mailing Address		City	County
Home Phone	Cell Phone	E-mail Address (<i>personal</i>)	

Work Information

Present Employer	Occupation	Work Phone
Work Address		Work Status <input type="checkbox"/> Full Time <input type="checkbox"/> Part time <input type="checkbox"/> Retired

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

Date of Birth	Place of Birth	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
Driver's License: (#, State, & Type)	Race: <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian/Pacific Islander	
Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No A misdemeanor? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please explain:	

Professional Licensure Information: Note: *It is not necessary to hold a Professional License to join the Medical Reserve Corps*

Name on License	License Type (health or mental health license)
License Number	Do you have Prescriptive Authority?: <input type="checkbox"/> Yes <input type="checkbox"/> No

Certifications & Foreign Language

Please list any certifications or trainings and date of completion:	
1. _____	
2. _____	
3. _____	
4. _____	
5. _____	
Please list any specialized skills with relevance to the Medical Reserve Corps:	Please list any foreign languages spoken/written:
1. _____	1. _____
2. _____	2. _____
3. _____	3. _____

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Return to: 1000 SW Jackson, Suite 330; Topeka, KS 66612-1365
 Or as an e-mail attachment to preparedness@kdheks.gov (subject line: MRC application)

Emergency Contact Information

In case of emergency, please contact:		Relationship:
Daytime Phone:	Evening Phone	
Do you have any personal health issues that would impact your ability to volunteer? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please list here:	

Personal References: *Please list 3 personal/professional references*

<input type="checkbox"/> Professional <input type="checkbox"/> Personal	1. Name	Relationship	Phone Number
	Address		
<input type="checkbox"/> Professional <input type="checkbox"/> Personal	2. Name	Relationship	Phone Number
	Address		
<input type="checkbox"/> Professional <input type="checkbox"/> Personal	3. Name	Relationship	Phone Number
	Address		

Education

Highest Level of Education: <input type="checkbox"/> High School <input type="checkbox"/> College <input type="checkbox"/> Graduate School <input type="checkbox"/> Other _____	Year Graduated:	
Name of Graduating School:	Degree:	Major:

Are you part of an emergency/disaster plan with any other organization? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please explain:
How did you learn about the Medical Reserve Corps?	

I hereby certify that all information on this application is accurate and correct and I hereby make application to the _____ County Medical Reserve Corps. I understand that I am applying for a volunteer position and this is not an application for, nor a contract of, employment. I understand that this application does not automatically make me a credentialed volunteer and that further interviews and training will take place.

I understand that every attempt will be made to reduce the risks to volunteers; however, some risks may be present during a public health emergency or disaster.

I further understand and give written permission for the _____ County Medical Reserve Corps to submit my name for criminal and driving background checks. Also, I realize that my professional licensure status will be verified.

Signature of Applicant

Date