



Gateway to Care
Medical Reserve Corps
Harris County, Texas

LICENSED HEALTHCARE WORKER - VOLUNTEER APPLICATION

First name:

Last name:

Home address:

Current employer:

Work address:

Indicate the order in which you would like to be contacted for emergency activation (rank 1-6)

[1] Home phone:

[1] Work phone:

[1] Cell phone:

[1] Work fax:

[1] Personal email:

[1] Work email:

TX Drivers License Number:

Emergency contact name & relation to you:

Emergency contact phone number & email:

Do you require physical or language accommodation?

Have you made a personal/family disaster preparedness plan?

Have you registered with Texas Disaster Registry?

Will you submit to a background check?

Have you ever been convicted of a crime (other than a minor traffic or parking violation)?

If so, please explain:

Please list two personal references (one may be a family member)

Name Phone number

Name Phone number

Are you/have you been a member of the US armed forces?

Which branch?

Current/Exit rank: Specialty:

Specialty training?

Languages other than English:

Please check any training or certification you have received or alert systems you belong to:

Basic CPR

IS-100

CISM

VOAD

Basic First Aid

IS-200

EMT

Search & Rescue

Psych. First Aid

IS-700

CERT

Nurse Alert Network

BDLS/ADLS

IS-800

NOVA

American Red Cross

Other applicable training/areas of specialty:

AREAS OF INTEREST DURING AN EMERGENCY (You may check more than one option)

Licensed Healthcare Volunteers

- Assist with vaccination
- Mental health consultation
- Triage
- Medical screening
- Medical Special Needs shelter staff
- Pharmaceutical distribution
- Hospital/Clinical staff augmentation
- DMORT (Disaster Mortuary Team)
- DMAT (Disaster Medical Assistance Team)

Non-licensed Healthcare Volunteers

- Interpreter
- Greeter
- Educator/On-site training
- Registration/assistance with paperwork
- IT support
- Inventory management

NON-EMERGENCY VOLUNTEER OPPORTUNITIES (You may check more than one option)

- Support public health initiatives
- Health screenings
- Assist with vaccine clinics
- Education/training

How did you learn about MRC?

I hereby certify that all the information shown above is accurate and correct and I hereby make application for membership to the Harris County Medical Reserve Corps. I understand that I am applying for a volunteer position and that this is not an application for, or contract of, employment.

I understand that every attempt will be made to reduce risks to volunteers; however, some risks may be present during a public health emergency and I agree to assume my own risk as a volunteer.

Signature of applicant (type name for e-signature)

Date

**Please return application to: Medical Reserve Corps Volunteer Coordinator
Gateway to Care
3611 Ennis Street, Houston, TX 77004
Phone: 713-783-4616 Fax: 713-785-3307
Email: mrc@gatewaytocare.org**