



Volunteer Reserve Corp / Medical Reserve Corp
For FREDERICK COUNTY, MARYLAND
Volunteer Information

Medical or EMS Background Under 18 Age 55 or Older

Name: (Last, First) _____ Date: _____
 Address: _____ APT: _____
 City: _____ State: _____ Zip: _____
 E-Mail Address: _____ HM Phone: _____
 Occupation: _____ Cell Phone _____
 Employer: _____ WK Phone: _____
 ID INFORMATION: Date of Birth: _____

EMERGENCY INFORMATION: *Whom to notify in case of emergency:*
 Name: _____ Relationship: _____
 Phone Numbers: _____
 Health Insurance Carrier: _____

Are you allergic to anything including medications? NO YES, If so WHAT?

Do you have any Physical Limitations: _____

FIRST AID TRAINING: First Aid CPR 1st Responder EMT-B EMT-P

Are you a Professional Health or Mental Health Care Provider? If so, your

Title: _____ Licensure State: _____

Expiration Date: _____ Liability / Malpractice Insurance Yes NO

AMATEUR RADIO: Call Sign: _____ Tech General Adv / Extra

COMMERCIAL DRIVERS LICENSE: Class A Class B Passenger Endorsement

RETIRED: Fire Fighter Law Enforcement Officer Military

Are you currently affiliated with another Disaster Relief Agency: No Yes

Which Ones? _____

Do you have any Disaster Related Training? _____

Languages other than English: _____

Privacy Act Statement. In compliance with the Privacy act of 1974, the following information is provided: The collection of this information is authorized by the National and Community Service Act, as amended by the National and Community Service Trust Act of 1993. The primary purpose is to provide Volunteer Frederick a means to identify individuals and refer them to our client agencies in accordance with their preferences or as potential volunteers to meet qualifications specified by our client agencies. Only information necessary to identify and contact a volunteer is provided to any client agency, plus the information necessary to establish each volunteer's capabilities to perform if the client agency has specified requirements.

*Please complete both sides of form and sign on reverse. Return to VMC/MRC Coordinator
 c/o Volunteer Frederick, 31 West Patrick Street, Frederick, MD. 21701 FAX: 301-663-0355*

Skills – Training, Knowledge and Experience

Instructions: Please indicate what Homeland Security Skills you have or are interested in by ranking each with the following – Leave blank skill areas you are not interested in.

Skill Level Codes: 1 = Interested and willing to learn 2 = Trained with this skill 3 = Trained and Experienced with this skill 4 = Very experienced with this skill 5 = Can instruct and supervise others with this skill.

	Clerical / Mobilization Ctr Skills	Skill Level		Disaster Recovery	Skill Level
101	Computer / Data Entry		501	Chain Saw Operator	
102	Copying / Filing		502	Construction Professional	
103	Donations Management		503	Debris Removal	
104	Interviewing / Receptionist		504	Dump Truck Driver (current CLD)	
105	Volunteer Management		505	Environmental Clean Up / Restoration	
			506	Equipment Operator	
	Communications / Info Management		507	Structural Damage Assessment	
201	Amateur Radio Operator				
202	Computer Cable Installation/Repair			Medical Reserve Corps	
203	Local Area Network Admin /Repair		601	Dentist (DDS)	
204	Other Language Interpreter		602	Dental Assistant / Hygienist	
205	Sign Language Interpreter		603	EMT / Paramedic / Medic / Corpsman	
206	Telephone Installation/ Repair		604	Medical Lab Tech / Phlebotomist	
			605	Mortuary Tech	
	Crisis Intervention		606	Nurse	
301	Crime Victim / Witness Support		607	Other Medical Technical Professional	
302	Crisis Intervention / Negotiation		608	Pharmacist	
303	Critical Incident Stress Management		609	Physician (M.D.)	
304	Mental Health Professional		610	Physician's Assistant	
305	Suicide Prevention / Hotline Counselor		611	Radiological Incident Monitor	
306	Social Worker		612	Veterinarian (DMV / VMD)	
			613	Veterinarian's Assistant	
	Feeding & Mass Care				
401	Child Care			Strategic Stockpile / Logistics	
402	Food Preparation (Large Scale) Cook		701	Forklift Operator	
403	Food Handling / Packaging / Distribution		702	General Labor	
404	Senior Adult Care		703	Inventory Control	
405	Shelter Operations (Disaster Evacuation)		704	Security	
406	Small Animal Care		705	Truck Driver (current Class A CDL)	
407	Livestock / Large Animal Care				

Do you own or have emergency access to:

<input type="checkbox"/> Back Hoe / Front End Loader	<input type="checkbox"/> Bobcat style Equipment	<input type="checkbox"/> Amateur Radio
<input type="checkbox"/> Multi Passenger 4 wheel drive	<input type="checkbox"/> Dump Truck	<input type="checkbox"/> Box Truck (Large)
<input type="checkbox"/> Fork Lift Equipment	<input type="checkbox"/> Shallow Draft Power Boat	<input type="checkbox"/> 4 wheel drive Pick Up
<input type="checkbox"/> Chain Saw w/ Safety Chaps	<input type="checkbox"/> Tractor/Trailer Combination Vehicle	

Signature: _____ Date: _____

Volunteer Mobilization Center Use:		
Agency Assignment: _____	Job Assignment: _____	Assigned By _____
Work Location: _____	Work Shift: _____	Date Assigned _____
Supervisor's Name _____	Title: _____	Time Assigned _____
Special Instructions: _____		ID Checked _____
		Waiver _____