



Galveston County Medical Reserve Corps Recruitment Application

Please submit to:
Community Outreach Coordinator
Public Health Preparedness
 Galveston County Health District
 1207 Oak Street
 La Marque, Texas 77568
 Fax: 409-938-2399

Personal Information—Please **PRINT LEGIBLY** and complete all information. I would like to assist with:

- Non-Medical Medical Other _____
 I am a licensed health care provider Type of License: (MD, Pharmacist, RN, LVN, EMT, etc.) _____
 I am a licensed mental health provider Type of License: (Psychologist, Psychiatrist, Social Worker, etc.) _____

License number: _____ Smallpox vaccination: Yes No Date: _____

Name: _____ D.O.B. _____
Last First Middle

Address (Please provide **rural** "911" address if known): _____
Address City/Town County Zip

Phone: () _____ () _____ () _____ () _____
Home # Work # Cell/ Mobile # Pager #

Email (Home): _____ Email (Work): _____

Occupation: _____ Employer: _____

Languages Spoken and/or Read: _____ Site / Location to volunteer (city): _____

List any special skills/training/abilities you believe would be of assistance during a community crisis situation: i.e. computer skills, construction skills, communication skills, warehouse knowledge/skills, commercial truck driving experience, counseling skills, etc.

Have you received initial orientation to the Strategic National Stockpile? Yes No
 Drivers License/ID #: _____ State: _____ Expiration (mm/dd/yyyy): _____

Emergency Notification: _____ () _____
Name Relationship Phone

- Requirements & Responsibilities:**
1. Submit complete application form and copy of a valid ID (TX driver's license preferred)
 2. Be at least 18 years of age
 3. Hold a current valid form of identification (TX driver's license preferred)
 4. Have no **felony convictions** for D.W. I., Drug-related, Sexual or Family Violence offenses
 5. Participate in all required training sessions
 6. Comply with worker /volunteer standards established by the Galveston County Health District
 7. Notify the Galveston County Health District in writing when terminating volunteer status
 8. Be available on short term notice

- I understand:
- That any information I have provided in this application may be disclosed to and used by the Galveston County Medical Reserve Corps for planning purposes and volunteer assignment **ONLY**.
 - That in the event of an emergency I may be contacted at any time (day or night).
 - That all information regarding the Strategic National Stockpile is considered confidential and I will not release names, locations of warehouses, or any other sensitive information without the permission of the SNS Coordinator.
 - Due to the nature and content of the Galveston County Medical Reserve Corps and the potential duties of volunteers, a background check may be conducted on volunteer applicants. I understand that a **felony conviction** for D.W.I, drug-related, sexual, or family violence offenses will disqualify me for participation as a volunteer in the program and that I may be disqualified for other reasons at the discretion of the Galveston County Health District.

I have read and understand the above listed requirements, responsibilities and information. I attest to the accuracy of the information I have provided on this application. I hereby authorize the Galveston County Medical Reserve Corps to use this information for the purposes and reasons stated above.

Signature: _____ Date: _____ Received by: _____

