



Please submit to: MRC Coordinator  
Galveston County Health District  
9850-A Emmett F. Lowry Expy, Suite A-110  
Texas City, Texas 77591  
FAX: 409-938-2399

### Medical Reserve Corps Membership Application

Personal Information—Please **PRINT LEGIBLY** and complete all information.

I would like to assist with:  Non-Medical  Medical

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.) \_\_\_\_\_

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Last First Middle

Mailing Address : \_\_\_\_\_  
Address City/Town County Zip

Phone: \_\_\_\_\_  Opt in  Opt out  
Home # Cell # Cell Provider (AT&T, Verizon, etc.) Text messages

Email (preferred): \_\_\_\_\_ Email (secondary): \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Languages spoken other than English: \_\_\_\_\_ 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. \_\_\_\_\_

In case of emergency notify: \_\_\_\_\_  
Name Relationship Phone #  
Address : \_\_\_\_\_  
Address City/Town County Zip

I understand and agree (check all that apply)

In the event of an emergency I may be contacted at any time (day or night). I may be asked to be available on short notice.

I must comply with worker /volunteer standards established by the Galveston County Medical Reserve Corps.

<b>Have You Ever Been Charged or Convicted of a Felony or Misdemeanor?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
If your answer is "Yes", explain in concise detail on a separate sheet of paper, giving the dates and nature of the offense(s), the name and location of the court, and the disposition of the case. A conviction may not disqualify you, but a false statement will.

#### **Verification and Consent for Background Check**

I verify that the above information is accurate to the best of my knowledge.

I give, Galveston County Health District, permission to inquire into my educational background, references, licenses, police records, and employment and/or volunteer history. I also give permission to the holder of any such information to release it to Galveston County Health District.

I hold Galveston County Health District harmless of any liability, criminal or civil, that may arise as a result of the release of this information about me. I also hold harmless any individual or organization that provides information to the above-named agency. I understand that Galveston County Health District will use this information only as part of its verification of my Medical Reserve Corps application.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Received by: \_\_\_\_\_