



Ripley County Medical Reserve Corps.



Volunteer Application

Personal Information		
Name:		
Street Address:		
City:	State:	Zip Code:
Primary Phone:		
Secondary Phone:		
Email:	Employer:	
Preferred Method of Contact:		

Emergency Contact		
Name:	Relationship:	
Street Address:		
City:	State:	Zip Code:
Primary Phone:		

Skills and Training		
MEDICAL LICENSE OR CERTIFICATION	OTHER	ADDITIONAL TRAINING/EXPIERIENCE
<input type="checkbox"/> Doctor Specialty	<input type="checkbox"/> Clergy	<input type="checkbox"/> List any Other ICS Training:
<input type="checkbox"/> Physician's Assistant Specialty	<input type="checkbox"/> Forklift, Flagger, CDL's	
<input type="checkbox"/> Dentist	<input type="checkbox"/> Informational Technologist (IT)	
<input type="checkbox"/> Pharmacist	<input type="checkbox"/> Psychological First Aid	
<input type="checkbox"/> Nursing NP CNM RN CNRA LPN CAN Type:	<input type="checkbox"/> Medical Office Management	<input type="checkbox"/> Data Entry
<input type="checkbox"/> Veterinary Specialty	<input type="checkbox"/> Media/Public Relations/PIO	<input type="checkbox"/> Office Skills
<input type="checkbox"/> Paramedic/EMT/Etc. Type:	<input type="checkbox"/> Hazmat	<input type="checkbox"/> HAM Radio Operator
<input type="checkbox"/> Therapist: Type:	<input type="checkbox"/> Weather Spotter	Call Sign : Class:
<input type="checkbox"/> Mental Health Professional Type:	Training	<input type="checkbox"/> Sign Language
<input type="checkbox"/> Other (Technician, Assistant, Etc.) Type:	<input type="checkbox"/> CPR/AED or BCLS or ACLS Expires:	<input type="checkbox"/> Other Languages Which:
	<input type="checkbox"/> NIMS 100	Current License Information
	<input type="checkbox"/> NIMS 200	Type:
	<input type="checkbox"/> NIMS 300	State Issued:
	<input type="checkbox"/> NIMS 400	Number:
	<input type="checkbox"/> NIMS 700	Expiration Date:
	<input type="checkbox"/> NIMS 800	

UNIFORM SHIRT SIZE: _____

SEE REVERSE SIDE

Additional Information			
Where are you interested in volunteering? <input type="radio"/> Local <input type="radio"/> Statewide <input type="radio"/> Nationally			
How frequently would you like to volunteer? <input type="radio"/> Regularly <input type="radio"/> Occasionally <input type="radio"/> Emergency Only			
Best time to contact: <input type="radio"/> Daytime <input type="radio"/> Evenings <input type="radio"/> Weekdays <input type="radio"/> Weekends			
Best Form of Contact: <input type="radio"/> Phone <input type="radio"/> Email <input type="radio"/> Text			
Are you interested in participating in non-disaster community events? <input type="radio"/> Yes <input type="radio"/> No			
Do you have any special needs or restrictions? If so, please explain:			
Please list any other volunteer organizations you participate in:			
Do you have any disaster experience? <input type="radio"/> Yes <input type="radio"/> No			
List any related skills or training that you are authorized to teach:			

For Office Use Only		
<input type="checkbox"/> Added to Contact List	<input type="checkbox"/> Tier One Training Completed	<input type="checkbox"/> Photo taken for ID
<input type="checkbox"/> License/Certification Approved	<input type="checkbox"/> Tier Two Training Completed	<input type="checkbox"/> Photo ID issue date: _____
<input type="checkbox"/> Required training documented	<input type="checkbox"/> Tier Three Training Completed	
Course Title	MRC Items Issued:	
<input type="checkbox"/> ICS-100	_____	
<input type="checkbox"/> NIMS-700	_____	
<input type="checkbox"/> FEMA IS-22	_____	
<input type="checkbox"/> TRANE -MRC Orientation	_____	
<input type="checkbox"/> TRANE-MRC Family Disaster Planning	_____	
<input type="checkbox"/> Terrorism Preparedness	_____	

Signature: _____

Date: _____

PLEASE RETURN APPLICATION TO :

RIPLEY COUNTY MRC
 102 WEST FIRST NORTH STREET/PO BOX 745
 VERSAILLES, IN 47042
 812-689-5751 (P)
 812-689-3909 (F)
ripleymrc1@gmail.com