

Davis County Health Department
 Medical Reserve Corps (MRC)
 50 East State Street, Courthouse Annex
 P.O. Box 618
 Farmington, Utah 84025
 801-451-3513

Davis County



MEDICAL RESERVE CORPS VOLUNTEER APPLICATION

Instructions: Thank you for your interest. Please print clearly or type, and send to above address.

| | | | | |
|---|--------------------|--|------------------|-----------------|
| Last Name (Print) | | First Name | | MI |
| Address | | City | State | Zip Code |
| Home Phone | Work Phone | Mobile Phone | Other Phone | |
| Current Job Title | | E-mail address | | |
| Employer | | Employment Supervisor Name/Phone | | |
| Employer Address | | City | State | Zip Code |
| Professional References | Name / Affiliation | | Telephone Number | |
| | | | | |
| | | | | |
| Current Certifications/ Licenses | Type | Number | State Issued | Expiration Date |
| | | | | |
| | | | | |
| | | | | |
| Do you have transportation? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Note any special needs you have (i.e., wheelchair accessibility, etc.) | | |
| Type of support/service to which you may be assigned include: | | | | |
| Professional Physician* <input type="checkbox"/> Nurse Practitioner* <input type="checkbox"/> Physician Assistant* <input type="checkbox"/> Pharmacist* <input type="checkbox"/> Mental Health Worker* <input type="checkbox"/> Clinical Social Worker* <input type="checkbox"/> Paramedic <input type="checkbox"/> EMT <input type="checkbox"/> | | Non-Professional Foreign Language Translator <input type="checkbox"/> American Sign Language Interpreter <input type="checkbox"/> Equipment Management <input type="checkbox"/> Triage Assistant <input type="checkbox"/> Transportation Specialist <input type="checkbox"/> Client Flow Assistant <input type="checkbox"/> Greeters <input type="checkbox"/> Clerical Assistant (Data Entry, Filing) <input type="checkbox"/> Clinic Setup Assistant <input type="checkbox"/> | | |
| *Certificate Required | | | | |
| By my signature below, I hereby understand and agree that I will: | | | | |
| <ol style="list-style-type: none"> 1. Join the Davis County Medical Reserve Corps 2. Submit to a background check 3. Attend training session 4. Be assigned work at Davis County location 5. Be contacted on an as-needed basis | | | | |
| Signature: _____ | | Date: _____ | | |
| Include my name in the Utah State MRC Database <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |