



# Nebraska/Western Iowa Medical Reserve Corps VOLUNTEER APPLICATION



## PERSONAL CONTACT INFORMATION ( KEPT CONFIDENTIAL)

**NAME:** Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

**ADDRESS:** Street \_\_\_\_\_ County \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**PHONE:** Home \_\_\_\_\_ Work \_\_\_\_\_ Mobile \_\_\_\_\_

**E-MAIL:** Home \_\_\_\_\_ Work \_\_\_\_\_ Pager \_\_\_\_\_

The following information is required for a background check. Your information will be kept confidential.

**Date of Birth** \_\_\_\_\_ **Place of Birth** \_\_\_\_\_

**Drivers License #** \_\_\_\_\_

**Gender** M F **Social Security #** \_\_\_\_\_

**Ethnic Group:** Black White Hispanic American Indian/Alaskan Native Asian/Pacific Islander

Have you ever been convicted of a felony? **Y N** A misdemeanor? (not traffic violations) **Y N**  
If yes, please explain:

## EMERGENCY CONTACT INFORMATION:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Mobile \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Do you have children or family members that would need care in the event that you are activated? Yes \_\_\_\_\_  
No \_\_\_\_\_

If yes, please answer:

Have you made arrangements for a back up in the event you are activated?

## SKILLS

### FOREIGN LANGUAGE:

What languages do you **speak** or understand other than English?

\_\_\_\_\_ Speak \_\_\_\_\_ Write \_\_\_\_\_ Read \_\_\_\_\_

\_\_\_\_\_ Speak \_\_\_\_\_ Write \_\_\_\_\_ Read \_\_\_\_\_

**POSITION OF INTEREST:**

**LICENSING/CERTIFICATIONS**

	License #	State	Expiration
<input type="checkbox"/> Clergy	_____	_____	_____
<input type="checkbox"/> Dentist	_____	_____	_____
<input type="checkbox"/> EMT	_____	_____	_____
<input type="checkbox"/> Epidemiologist	_____	_____	_____
<input type="checkbox"/> Lab Tech	_____	_____	_____
<input type="checkbox"/> Mental Health Practitioner	_____	_____	_____
<input type="checkbox"/> Microbiologist	_____	_____	_____
<input type="checkbox"/> Mortuary Service	_____	_____	_____
<input type="checkbox"/> Nursing RN__ LPN__	_____	_____	_____
<input type="checkbox"/> Nutritionist	_____	_____	_____
<input type="checkbox"/> Paramedic	_____	_____	_____
<input type="checkbox"/> Pharmacist	_____	_____	_____
<input type="checkbox"/> Physician	_____	_____	_____
<input type="checkbox"/> Phlebotomist	_____	_____	_____
<input type="checkbox"/> Psychologist	_____	_____	_____
<input type="checkbox"/> Respiratory Therapist	_____	_____	_____
<input type="checkbox"/> Social Worker	_____	_____	_____
<input type="checkbox"/> Substance Abuse Counselor	_____	_____	_____
<input type="checkbox"/> Veterinarian	_____	_____	_____
<input type="checkbox"/> X-Ray Tech	_____	_____	_____
<input type="checkbox"/> Other	_____	_____	_____
Area of specialty	_____		

Are you board certified? Yes \_\_\_ No \_\_\_

Do you have prescriptive authority? Yes \_\_\_ No \_\_\_

**Please attach a copy of your current professional license/certification to this application.**

**AVAILABILITY:**

Are you available to respond to emergencies across Nebraska or Iowa? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you available to respond to emergencies in the Douglas, Sarpy, Pottawattamie and Harrison counties?

Yes \_\_\_\_\_ No \_\_\_\_\_

What county area are you available to respond to? \_\_\_\_\_

Availability: Days \_\_\_ Evenings \_\_\_ Mon \_\_\_ Tues \_\_\_ Wed \_\_\_ Thurs \_\_\_ Fri \_\_\_ Sat \_\_\_ Sun \_\_\_

**I PREFER TO BE:** \_\_\_\_\_ **INACTIVE** (prepared for service only in an emergency or disaster)

\_\_\_\_\_ **ACTIVE** ( leader, recruiter, trainer, community health initiatives, etc)

Are you part of any other emergency disaster alert system? Yes \_\_\_ No \_\_\_

**CERTIFICATIONS AND TRAINING**

Certifications	Most Recent Date	Certifying Agency
<input type="checkbox"/> CPR	_____	_____
<input type="checkbox"/> First Aid	_____	_____
<input type="checkbox"/> Disaster Training	_____	_____
<input type="checkbox"/> Cert	_____	_____
<input type="checkbox"/> Bloodborne Pathogen	_____	_____
<input type="checkbox"/> Incident Command System	_____	_____
<input type="checkbox"/> Epidemiology	_____	_____
<input type="checkbox"/> Bioterrorism	_____	_____
<input type="checkbox"/> Other	_____	_____

**WORK CONTACT INFORMATION**

**OCCUPATION:** \_\_\_\_\_ Full time \_\_\_ Part time \_\_\_ Retired \_\_\_\_\_

**PRESENT EMPLOYER:**

Company \_\_\_\_\_ Position \_\_\_\_\_ Phone \_\_\_\_\_ Dates \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

In the event volunteers are called to respond to an emergency: Please list additional person(s) who may be used to contact you if we are unable to reach you using the information provided above.

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

**PREVIOUS EMPLOYMENT:**

Company \_\_\_\_\_ Position \_\_\_\_\_ Dates \_\_\_\_\_

Company \_\_\_\_\_ Position \_\_\_\_\_ Dates \_\_\_\_\_

**VOLUNTEER EXPERIENCE:**

Organization \_\_\_\_\_ Position \_\_\_\_\_ Dates \_\_\_\_\_

Organization \_\_\_\_\_ Position \_\_\_\_\_ Dates \_\_\_\_\_

**EDUCATION:**

School \_\_\_\_\_ Degree/Specialty \_\_\_\_\_ Dates \_\_\_\_\_

School \_\_\_\_\_ Degree/Specialty \_\_\_\_\_ Dates \_\_\_\_\_

**PHYSICAL HISTORY**

In the event of **YOUR OWN MEDICAL EMERGENCY** we need you to complete the following Medical Screen.

Medical Condition	Yes	No	Explain	Medication(s)
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Heart or vessel \_\_\_\_\_

Lung or breathing problems \_\_\_\_\_

Stomach or intestinal \_\_\_\_\_

Muscle or Orthopedic \_\_\_\_\_

Brain e.g. Seizures \_\_\_\_\_

Diabetes: Oral or Insulin \_\_\_\_\_

Allergies \_\_\_\_\_

Physical limitations that may interfere in your ability to assist? \_\_\_\_\_

Physician Names(s): \_\_\_\_\_

City, State: \_\_\_\_\_ Telephone \_\_\_\_\_

**Administrative Use Only**

Vitals: B/P \_\_\_\_\_ HR \_\_\_\_\_ RR \_\_\_\_\_ Temp \_\_\_\_\_

**PERSONAL REFERENCES:**

Please list two people who know your qualifications and/or background experience. Do not list relatives or supervisors. Reference checks will be contacted by phone during regular business hours. Please notify individuals that the Nebraska/Western Iowa Medical Reserve Corps/United Way of the Midlands will be contacting them regarding your interest in becoming a volunteer.

Name \_\_\_\_\_ Relationship to you \_\_\_\_\_ Address \_\_\_\_\_  
Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Known how long? \_\_\_\_\_

Name \_\_\_\_\_ Relationship to you \_\_\_\_\_ Address \_\_\_\_\_  
Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Known how long? \_\_\_\_\_

I hereby certify that all the information shown above is accurate and correct and I hereby make application for member in the Nebraska/Western Iowa Medical Reserve Corps/United Way of the Midlands. I understand that I am applying for a volunteer position and that this is not an application for, or contract of, employment.

I understand that every attempt will be made to reduce risks to volunteers, however some risks may be present during a public health emergency and I agree to assume my own risk as a volunteer.

I do hereby give the Nebraska/Western Iowa Medical Reserve Corps and/or the United Way of the Midlands, permission to inquire into my educational background, references, driving record, police records, employment and my volunteer history. I further give permission to the holder of any such records to release same to the Nebraska/Western Iowa Medical Reserve Corps/United Way of the Midlands or its sponsoring agencies. I understand that the Nebraska/Western Iowa Medical Reserve Corps/United Way of the Midlands will only use this information as part of its verification of my volunteer application and periodically for evaluation purposes. I do hereby hold the Nebraska/Western Iowa Medical Reserve Corps/United Way of the Midlands harmless from any liability, whether civil or criminal, that may arise as a result of there release of this information about me. I further hold harmless any individual, agency, business or corporation that provides information or documents to the Nebraska/Western Iowa Medical Reserve Corps/United Way of the Midlands.

A Photocopy of this release form will be valid as an original thereof even though the said photocopy does not contain an original writing of my signature.

**Print Name** \_\_\_\_\_ **Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**FOR OFFICE USE ONLY**

Date Requested \_\_\_\_\_ By \_\_\_\_\_ Returned \_\_\_\_\_

Interview Set up \_\_\_\_\_ By \_\_\_\_\_

Interview Date and Time \_\_\_\_\_ By \_\_\_\_\_

Comments \_\_\_\_\_

Position Interested In \_\_\_\_\_ Verified \_\_\_\_\_

Background \_\_\_\_\_ License \_\_\_\_\_ References \_\_\_\_\_

Accepted for Volunteer Position

**Date Placed** \_\_\_\_\_

Not Placed \_\_\_\_\_ No position \_\_\_\_\_ Background \_\_\_\_\_ License \_\_\_\_\_ Other \_\_\_\_\_

Entry Date \_\_\_\_\_ By \_\_\_\_\_

**RETURNED COMPLETED APPLICATION TO:**

Nebraska/Western Iowa Medical Reserve Corps  
C/O United Way of the Midlands – Tom McMahan  
1805 Harney St., Omaha, NE 68102

Phone: 402-522-7970  
Fax: 402-522-7991  
E-mail: tmcMahon@uwmidlands.org