

Medical Reserve Corps of West Georgia
Volunteer Application

Last Name:		First Name:		
HOME	Street Address:			
	City:	County:	Zip:	
	Phone:	Fax:	Cell:	
	E-mail:	Date of Birth:		
WORK (if applicable)	Employer Name:		Job Title:	
	Street:			
	City:	County:	Zip:	
	Phone:	Fax:	E-mail:	
I would like to volunteer in (please check all that apply):				
<input type="checkbox"/>	Butts County	<input type="checkbox"/>	Carroll County	
<input type="checkbox"/>	Coweta County	<input type="checkbox"/>	Fayette County	
<input type="checkbox"/>	Heard County	<input type="checkbox"/>	Henry County	
<input type="checkbox"/>	Lamar County	<input type="checkbox"/>	Meriwether County	
<input type="checkbox"/>	Pike County	<input type="checkbox"/>	Spalding County	
<input type="checkbox"/>	Troup County	<input type="checkbox"/>	Upson County	
<input type="checkbox"/>	Anywhere in West Georgia		<input type="checkbox"/>	Anywhere within the state of Georgia
Special Skills (please check all that apply and attach extra page if necessary):				
<input type="checkbox"/>	CPR Cert.	<input type="checkbox"/>	First Aid Cert.	
<input type="checkbox"/>	Automated Ext. Defibrillator Cert.			
<input type="checkbox"/>	Other medical training and experience (please fill out medical volunteer information form)			
<input type="checkbox"/>	Counseling/mental health training/certification (please fill out medical volunteer form)			
<input type="checkbox"/>	American Sign Language			
<input type="checkbox"/>	Data entry or computer skills (please describe)			
<input type="checkbox"/>	Other skills or abilities			
<input type="checkbox"/>	Amateur Radio License (please list license level and call letters)			
<input type="checkbox"/>	Ability to speak/write/understand languages other than English (please list)			
<input type="checkbox"/>	Clergy (list religion/denomination and any counseling training or experience)			
<input type="checkbox"/>	Volunteer experience in disaster response and recovery (please list agency name)			

Office use only: CA DL CBC AA AD LS DB

Membership in business, civic, professional or fraternal associations/organizations:		
Association/organization:	Position:	Years:
Association/organization:	Position:	Years:

Emergency Contact Information		
Emergency contact:	Relation:	
Street:		
City:	State:	Zip:
Phone:	Other Phone:	

Have you ever been arrested or charged for a crime other than a minor traffic offense? If yes, please explain. <input type="checkbox"/> Yes <input type="checkbox"/> No			
Driver's License (please provide copy)	State:	Number:	Date of Birth:
Social Security Number (for background check only – information will be obscured when background check is complete):			-- --
Maiden Name or Other Aliases			

How did you learn about the Medical Reserve Corps?		
www.medicalreservecorps.gov	Newspaper (please list)	
MRC of W. GA Website	Other Media (please list)	
Word of mouth	Professional or civic organization	
Other (explain)		

Please read the following statement and sign below:	
<i>The Medical Reserve Corps of West Georgia does not discriminate against any individual on the basis of race, color, religion, sex, national origin, age, disability, political affiliation or belief. I hereby authorize the verification of all necessary information, including employment, education, licensure (where applicable), criminal history, credit history, driving record, written or verbal information from references, and any other pertinent information related to this volunteer position. I certify that my answers to these questions are true and complete and that I have not knowingly withheld any information. I understand that any misrepresentation or omission of facts on this application may be cause for non-selection or dismissal.</i>	
Signature:	Date:

Please mail or fax this form to the address below. Thank you for your interest in the Medical Reserve Corps of West Georgia.

Volunteer Coordinator
 District Four Health Services
 122 A Gordon Commercial Drive

LaGrange, GA 30240
 Phone: (706) 845-4035
 Fax: (706) 845-1737