

**Medical Reserve Corps of West Georgia**  
*Medical Volunteer Information – for individuals with medical or mental health training only  
 (must accompany volunteer application)*

Last Name:	First Name:
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**Medical Training and Experience (please list all for which you are licensed or certified in Georgia.) Use additional pages if necessary.**

Physician List Specialty:	Pharmacist
	Dentist
Physician's Assistant	EMT/Paramedic
Nurse Practitioner	Medical or Laboratory Technician
Registered Nurse	Mental Health Professional
Licensed Practical Nurse	Medical Receptionist/Records
Nurse's Aide	Veterinarian
Physical or Respiratory Therapist	Other:

License#	Expiration Date:
License#	Expiration Date:

**Please list any medical training or experience for which you have been previously licensed or certified in Georgia but do not hold a current license:**


**Other Relevant Skills:**

Disaster training received:	
Language fluency:	
Other:	

**Please list any other disaster-related volunteer work you are currently involved in:**

Nurse Alert System	Pharmacist Alert System
American Red Cross	Salvation Army
Other VOAD (list)	

**Please check the box by the statement that best represents your experience in the following areas:**

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Do you work or volunteer in a hospital or clinic setting?	Yes, I do this routinely	
	I do not do this now, but I have experience	
	No experience	
Have you interviewed people using a standardized questionnaire?	Yes, I do this routinely	
	I do not do this now, but I have experience	
	No experience	

Do you have experience with reviewing medical records using a standardized disease form?	Yes, I do this routinely	
	I do not do this now, but I have experience	
	No experience	
Do you have experience drawing blood? If so, circle all that apply: Adults          Children          Infants	Yes, I do this routinely	
	I do not do this now, but I have experience	
	No experience	
Have you been trained to give injections? If so, circle all that apply: Intramuscular    Subcutaneous    Intradermal	Yes, I do this routinely	
	I do not do this now, but I have experience	
	No experience	
Are you familiar with the Incident Command System of Emergency Management?	Very familiar	
	Somewhat familiar	
	Not familiar at all	
Are you familiar with basic principles of epidemiology?	Very familiar	
	Somewhat familiar	
	Not familiar at all	

Have you been vaccinated against the following pathogens? If so, list year of last vaccination.			
Pathogen	Yes	No	Year
Anthrax			
Influenza			
Hepatitis A			
Hepatitis B			
Meningitis			
Smallpox			
Tetanus			
Tularemia			
Other:			
Other:			

Please return this form, along with the volunteer application to:

Volunteer Coordinator  
 District Four Health Services  
 122 A Gordon Commercial Drive  
 LaGrange, GA 30240

Phone: (706) 845-4035  
 Fax: (706) 845-1737  
 E-mail: [mrcwga@dhr.state.ga.us](mailto:mrcwga@dhr.state.ga.us)

Office use only:  MAC  CE  CL  VC  RC  PM  PNM