

Southeastern Utah Medical Reserve Corps Volunteer Application



Southeastern Utah District Health Department P.O. Box 127, 117 South Main Street, Monticello, UT 84535 Phone: (435) 587-2021 Fax: (435) 587-3531

1 (1301	ıal Inform:	ation–	- Please Pr	int o	r Typ	e		
ast Name	Fi	rst Name				1	Middle Initial	
Street Address			City			State	Zip Code	
Mailing Address (if different)			City		State	Zip Code		
Home Phone Number	Cell Phone Nu			Pag	ger Number			
mail Address	Date of /		Date of Birth		Social Security Numbe		umber	
mployer	Job/Tr		le Driv		Driver's I	iver's License Number		
Work Address		<u> </u>	City			State	Zip Code	
Work Phone Number -								
Emergency Con	ntact– Will	be no	otified in ca	ase of	f an e	mer	gency	
	ntact– Will First Nar		otified in ca	ase of	f an e		gency	
ast Name		me	otified in ca	ase of		onship	gency Zip Code	
ast Name Street Address		ne C			Relation	onship		
ast Name Street Address	First Nar	ne C			Relation	onship		
ast Name treet Address	Work Phone Nu	ne C	City	C	State Cell Phone I	onship 2	Zip Code -	
ast Name treet Address fome Phone Number) - Professions	Work Phone Nu	ne C	city	C	State State State Special Phone I	onship 2	Zip Code -	
treet Address Iome Phone Number	Work Phone Nu	ne C	rtification,	and	State Cell Phone I Speci	onship 2	Zip Code	
Professiona Oo you have a medical license or credential? Yes	Work Phone Nu () al Licensur Number Type / Number	imber -	rtification,	and ation Date	State Cell Phone I Speci	onship 2	Zip Code - State Issued	

Profess	sional Area and Skills
□ Physician Specialty:	Public Health Worker Microbiologist
☐ Pharmacist ☐ Pharmacist Technician ☐ Mental Health Professional Type and Specialty: ☐ Emergency Medical Professional Type: ☐ Veterinarian ☐ Epidemiologist	☐ Interpreter Languages: ☐ Occupational Therapist
Add	itional Information
Are you willing to travel and volunteer outside	of your: county? □ Yes □ No state? □ Yes □ No health district? □ Yes □ No
Languages other than English:	□ Spanish □ Sign Language □ Other:
How frequently would you like to volunteer?:	□ Regularly □ Occasionally □ Only in an emergency
Have you ever been convicted of a non-traffic a Please explain:	misdemeanor or felony?: □ Yes □ No
List additional skills and knowledge that you p ACLS): Do you have any special considerations or med	ossess which would be of value during an emergency (CERT, CPR lical restrictions? Is so, please explain:
Арр	olicant Verification
ment my be terminated. I agree to a background check, verification of the statinclude my educational background, references, licen mission for the holder of any such information to release. I hold this agency harmless of any liability, criminal also hold harmless any individual or organization that information only as part of its verification of my volus. I agree to respect the rights, property and confidential	or civil, which may arise as a result of the release of this information about me. I t provides information to this agency. I understand that this agency will use this inteer application. lity of emergency workers and individuals affected by disaster. ssignment(s) so as not to jeopardize relief operations or procedures.