



Eau Claire County Medical Reserve Corps
 Eau Claire City-County Health Department
 720 Second Avenue
 Eau Claire, WI 54703
 Telephone: 715-839-4718
 Fax: 715-839-1674
<http://www.BeReadyEC.com>

Please print or type

Personal Information								
Last Name		First Name		Middle Name		Mr. <input type="checkbox"/>	Mrs. <input type="checkbox"/>	Ms. <input type="checkbox"/>
Mailing Address				City	State	Zip		
Physical Address (if different than above)				City	State	Zip		
Home Phone	Work Phone & Extension		Cell Phone	Pager		Other		
Email where you want to receive messages:				Best time to reach you:				
				Early A.M. <input type="checkbox"/> Late A.M. <input type="checkbox"/> Early P.M. <input type="checkbox"/> Late P.M. <input type="checkbox"/>				
Rank the ways to best reach you for a non-emergent public health event or for training, with "1" being the best.								
___ Email ___ Home Phone ___ Work Phone ___ Cell Phone ___ Pager ___ Other _____								
Rank the ways to best reach you in the event of an incident/emergency call-up, with "1" being the best.								
___ Email ___ Home Phone ___ Work Phone ___ Cell Phone ___ Pager ___ Other _____								
Employment Information (If retired, please complete this section relative to your most recent employment).								
Company Name and Address:					Occupation:			
Name on License or Certification:					Licensed/Certified As:			
Licensing Agency and State:					License/Certification #:		Expiration Date:	
List any specialties within your professional licensure(s):								
Background Check –A Criminal Background Check will be performed initially and periodically.								
Do you have a valid driver's license? Yes <input type="checkbox"/> No <input type="checkbox"/>		Driver's License Number		Issue Date	Expiration Date	Class	State	
Emergency Contact Information								
Last Name		First Name		Relationship		Phone Number		
Home Mailing Address		City	State	Zip	Alternate Contact Number			
References – Please Provide Two References								
1. Name		Address		City	State	Zip		
Phone Number		Email		Reference: Personal <input type="checkbox"/> Professional <input type="checkbox"/>				
2. Name		Address		City	State	Zip		
Phone Number		Email		Reference: Personal <input type="checkbox"/> Professional <input type="checkbox"/>				
I understand that this information is requested by Eau Claire City-County Health Department for the purpose of organizing volunteers and staff to respond to public health emergencies. It will not be utilized or released for any other purpose without my permission.								
Signature: _____						Date: ___/___/___		

AREAS OF VOLUNTEER INTEREST

In what capacity are you able to volunteer with the MRC? Medical volunteer Non-medical volunteer Both

Please indicate *all* your preferences regarding volunteer service by checking the categories that reflect your interest:

DISASTER [MEDICAL + MENTAL HEALTH] Provides patient care/treatment during a major disaster <i>Specific skills, training and/or licenses are required</i>	DISASTER [NON-MEDICAL] Provide services and support that do <u>not</u> involve direct patient care during a disaster
<ul style="list-style-type: none"> <input type="checkbox"/> Medical treatment at / near a disaster scene <input type="checkbox"/> Support at hospital or other emergency facility <input type="checkbox"/> List hospital affiliation(s): _____ <input type="checkbox"/> Medical care in a designated disaster shelter <input type="checkbox"/> Care/treatment of first responders on extended calls <input type="checkbox"/> Infectious disease outbreak support <input type="checkbox"/> Pharmaceuticals – dispensing <input type="checkbox"/> Mass vaccination <input type="checkbox"/> Veterinarian – animal care <input type="checkbox"/> Mortuary services <input type="checkbox"/> Crisis counseling (professional) <input type="checkbox"/> Crisis counseling (trained lay person) <input type="checkbox"/> Other <i>(please describe)</i> <hr/> <hr/>	<ul style="list-style-type: none"> <input type="checkbox"/> Volunteer management <input type="checkbox"/> Administration; or patient or volunteer registration <input type="checkbox"/> Information systems and data management <input type="checkbox"/> Legal or finance/accounting (circle one) <input type="checkbox"/> Amateur radio – Call Sign: _____ <input type="checkbox"/> American Sign Language Interpreter <input type="checkbox"/> Translation – Language: _____ <input type="checkbox"/> Logistics (supplies, donations management, etc.) <input type="checkbox"/> Transportation <input type="checkbox"/> Traffic/Security <input type="checkbox"/> Severe weather spotter <input type="checkbox"/> Shelter management – mass care <input type="checkbox"/> Food service <input type="checkbox"/> Welfare check on elderly or those with special needs <input type="checkbox"/> Other human needs—childcare, errands, laundry, etc. <input type="checkbox"/> Animal care/non-medical <input type="checkbox"/> Phone banks/hotlines/call centers <input type="checkbox"/> Other <i>(please describe)</i> <hr/>
PUBLIC HEALTH AND WELLNESS [MEDICAL] Ongoing / non-disaster volunteerism	PUBLIC HEALTH AND WELLNESS [NON-MEDICAL] Ongoing / non-disaster volunteerism
<ul style="list-style-type: none"> <input type="checkbox"/> Inoculations <input type="checkbox"/> Medical screenings <input type="checkbox"/> Dental screenings <input type="checkbox"/> Disease surveillance and reporting <input type="checkbox"/> Health education <input type="checkbox"/> Assessment, evaluation, and treatment <input type="checkbox"/> Other <i>(please describe)</i> <hr/>	<ul style="list-style-type: none"> <input type="checkbox"/> Fitness-related events and activities <input type="checkbox"/> Public health/preparedness education and outreach <input type="checkbox"/> Patient advocacy – referral to medical services <input type="checkbox"/> Administrative support <input type="checkbox"/> Research <input type="checkbox"/> Logistical support – mass clinics <input type="checkbox"/> Other <i>(please describe)</i> <hr/>

When would you be willing to volunteer?

- During a disaster only During a public health and wellness event only Both

Where are you willing to travel to volunteer with the MRC? Check all that apply.

- Locally State-wide Nationally Internationally