



VOLUNTEER APPLICATION

Please print or type

Name			
Street Address (Mailing)			
City		State	Zip
Home Phone	Work Phone	Cell Phone	
Email		Employer	
Type: Medical Professional: <input type="checkbox"/> Doctor <input type="checkbox"/> Nurse(Type _____) <input type="checkbox"/> Dentist <input type="checkbox"/> Pharmacist <input type="checkbox"/> Psychiatrist <input type="checkbox"/> Veterinarian		<input type="checkbox"/> Mental Health <input type="checkbox"/> Social Worker <input type="checkbox"/> EMT <input type="checkbox"/> EMT-P <input type="checkbox"/> Non Medical <input type="checkbox"/> Other _____	Emergency contact information: Name: Address: Home #: Cell #:
License or Certificate/Registration Number:		Languages:	Drivers License #:
		State License Held:	Expiration Date:
Level of Participation Desired: I prefer to be: <input type="checkbox"/> ACTIVE Receive notifications of ALL training opportunities, training drills & exercises, emergency events, as well as non-emergency volunteer opportunities <input type="checkbox"/> LIMITED Receive only notification of training drills & exercises and all emergency events			
Volunteer Interests: Check all that apply: Administration___ Public Safety___ Phone Bank___ Steering Committee___ Clinical___ Fundraising___ Database___ Newsletter Production___ Volunteer Coordination___ Behavioral Health___ Deliveries___ Clerical Help___			
A Criminal and Sexual Background Check is required of all volunteers: I do hereby give San Francisco Medical Reserve Corps permission to release personal information with local, state and federal emergency management agencies and other Health and Human Service agencies as needed.			
Date of Birth ___/___/___ Social Security # _____			
Signature _____ Date ___/___/___			
Location Preference for Responding: Check all that apply			
San Francisco only	<input type="checkbox"/>	State	<input type="checkbox"/>
Surrounding Bay Area	<input type="checkbox"/>	Region IX	<input type="checkbox"/>
		Any where in the US	<input type="checkbox"/>
		Any where in the world	<input type="checkbox"/>
Signature _____			Date _____

Privacy Act Statement

This information is requested by San Francisco Medical Reserve Corps and is 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 your express written permission unless required by law and all information will be kept in a secure manner.

