



# VOLUNTEER APPLICATION FORM

Please print or type

Name					
Street Address (Mailing)					
City		State		Zip	
Home Phone		Work Phone		Cell Phone # / Carrier (i.e. Sprint, att etc.)	
Email			Employer		
<b>Type: Medical Professional:</b> <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 _____		<b>Emergency contact information:</b> Name: Address: Home #: Cell #:	
License or Certificate/Registration Number:			Languages:		Drivers License #:
			State License Held:		Expiration Date:
<b>Level of Participation Desired: I prefer to be:</b> <input type="checkbox"/> <b>ACTIVE</b> Receive notifications of ALL training opportunities, training drills & exercises, emergency events, as well as non-emergency volunteer opportunities <input type="checkbox"/> <b>LIMITED</b> Receive only notification of training drills & exercises and all emergency events					
<b>Volunteer Interests: Check all that apply:</b> Administration___ Public Safety___ Phone Bank___ Steering Committee___ Fundraising___ Database___ Newsletter Production___ Behavioral Health___ Deliveries___ Clerical Help___					
<b>A Criminal Background Check is required of all volunteers:</b> 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 ___/___/___					
<b>Location Preference for Responding: Check all that apply</b>					
San Francisco only <input type="checkbox"/>		State <input type="checkbox"/>		Any where in the US <input type="checkbox"/>	
Surrounding Bay Area <input type="checkbox"/>		Region IX <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.