



WASHINGTON REGION 3 MEDICAL RESERVE CORPS

Serving Pacific County

VOLUNTEER APPLICATION FORM

PERSONAL INFORMATION

Volunteer Name: _____ Home Phone: _____

Office Phone: _____ Pager: _____ Cell Phone: _____

Address: _____ City _____ Zip _____

Date of Birth: _____ Driver's License Number: _____

Email Address: _____

Affiliations? (eg., school, agency, clinic): _____

EXPERIENCE

Current (Most Recent) Employer: _____ Position: _____

Address _____ Phone: _____

- Full Time
- Part Time
- Retired
- Other: _____

PROFESSIONAL INFORMATION: (mark or circle all that apply)

- Physician: Area of Specialty: _____ Board Certified? Yes No
- Nurse: RN LPN Nurse Practitioner Do you have prescriptive authority? Yes No
Area of Specialty: _____
- Emergency Medical Technician
- Paramedic
- Pharmacist
- Mental Health Practitioner Psychologist Other: _____
- Social Worker
- Physician Assistant
- Nurse Assistant
- Medical Assistant
- Dentist
- Veterinarian
- Environmental Health Specialist
- Health Educator
- Health Technician Type _____
- Public Relations
- Media/Communications
- Clergy Denomination: _____
- Other _____

Professional License Type/Number: _____ Expiration Date: _____

Professional License Type/Number: _____ Expiration Date: _____

OTHER SKILLS

Are you CPR certified? Yes No
Are you AED certified? Yes No
Are you first aid certified? Yes No
Other? _____

Language fluency, besides English _____

Please list any other special disaster training, certification, or skills that you would like us to be aware of:

PRIORITIES

In the event of an emergency or disaster what would your first priority be? Please rank in order of priority, with 1 being the highest priority for you:

Family/Home _____
Work _____
Volunteer Activities _____
Other: _____

Would you be willing to volunteer your services in other counties within Region 3 during disasters? If so, please check all that apply: Grays Harbor Lewis Mason Pacific Thurston

EMERGENCY CONTACT INFORMATION

Emergency Contact Name: _____ **Relationship:** _____

Day Phone: _____ Evening Phone: _____ Cell Phone: _____

Out of Area Contact: _____ **Relationship:** _____

Day Phone: _____ Evening Phone: _____ Cell Phone: _____

SIGNATURE

DATE

For questions please contact Kathy Spoor at kspoor@co.pacific.wa.us or (360) 875-9343 or (360) 642-9349

Please send your completed application packet to:
Pacific County Public Health & Human Services Department, ATTN: Kathy Spoor, POB 26, South Bend, WA 98586