

**Williams County Health Department**

310 Lincoln Avenue, P. O. Box 146

Montpelier, OH 43543

Phone (419) 485-3141

Fax (419)-485-5420

**Volunteer Form (Please Print)**

Name: \_\_\_\_\_ Soc. Sec. # \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Email Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Shirt Size: \_\_\_\_\_

Occupation: \_\_\_\_\_ Full Time \_\_\_\_\_ Part Time

U. S. Citizen? \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Retired \_\_\_\_\_ Student

Birth Date \_\_\_\_\_

Please list areas of Licensure/Certification (Include Licensed States, numbers & expiration dates):  
\_\_\_\_\_

Other Training, Specialty, or Experience: \_\_\_\_\_

Please list other Volunteer Affiliations: \_\_\_\_\_  
\_\_\_\_\_

Military Experience: Yes/No If yes, explain: \_\_\_\_\_

Driver's License # \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Have you ever been convicted of a crime? Yes/No If yes, date: \_\_\_\_\_

If yes, can you explain: \_\_\_\_\_

**Emergency Contact Information:**

Name: \_\_\_\_\_  
Last First MI

Home Address: \_\_\_\_\_  
Street City State Zip

Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

I hereby certify that all the information on page one is accurate and correct and I hereby make application for membership in the Williams County Medical Reserve Corps. By signing below, I am expressing interest in volunteering to assist with unforeseen disasters affecting Williams County. I understand I am not obligated to participate in these events. I also understand that I will be informed of any training and educational sessions pertaining to the volunteer program. I agree to have the information provided entered into a database so that I may be contacted for training opportunities and volunteering.

I understand that I am applying for a volunteer position and this is not an application for, or a contract of, employment.

\_\_\_\_\_  
Signature Date

I understand that every attempt will be made to reduce risks to volunteer, however, some risks may be present during a public health emergency and I agree to assume my own risk as a volunteer.

\_\_\_\_\_  
Signature of Applicant Date

**PHOTO PERMISSION:**

Yes, \_\_\_\_\_, I give my permission to be interviewed and/or photographed for publicity purposes. I understand that this information may appear publicly in a newspaper or other advertising media. **No expiration on this permission unless notified.**

\_\_\_\_\_  
Signature Date

**BACKGROUND CHECK:**

The regional Citizens Corps Council requires that all local Medical Reserve Corps programs undergo a background check. This is done for safety and security concerns of all citizens of the county and is not meant to be an intrusion.

\_\_\_\_\_ Yes, I agree to have my background checked.

**CREDENTIALS VERIFIED:**

I give my permission to have my credentials verified.

\_\_\_\_\_  
Signature Date

**For Office Use Only:**

**Credentials Verified** \_\_\_\_\_ **Date** \_\_\_\_\_

**Please return completed application to:** Linda Earle  
Williams County Health Department  
310 Lincoln Avenue  
Montpelier, OH 43543

# Williams County Medical Reserve Corps Code of Conduct

All volunteers of the Williams County Medical Reserve Corps in delivering volunteer services and in all other Medical Reserve Corps activities shall meet the following standards of conduct.

No volunteer shall:

- A. Authorize the use of or use for the benefit or advantage of any person, the name, emblem, endorsement, services, or property of the Medical Reserve Corps.
- B. Accept or seek on behalf of any person, any financial advantage or gain of other than nominal value offered as a result of the Volunteer or staff member's affiliation with the Medical Reserve Corps.
- C. Publicly utilize any Medical Reserve Corps affiliation in connection with the promotion of partisan politics, religious matters, or position on any issue not in conformity with official position of the Medical Reserve Corps.
- D. Disclose any confidential Medical Reserve Corps information that is available solely as a result of the volunteer or staff members affiliation with the Medical Reserve Corps to any person not authorized to receive such information or use to the disadvantage of the Medical Reserve Corps any such confidential information, without express authorization of the Medical Reserve Corps.
- E. Knowingly take any action or make any statement intended to influence the conduct of the Medical Reserve Corps in such a way as to confer any financial benefit on any person, corporation, or entity in which the individual has significant interest or affiliation.
- F. Operate or act in any manner that is contrary to the best interest of the Medical Reserve Corps.
- G. No Volunteer shall self-deploy.

Revised 12/30/08

**Willams County  
Medical Reserve Corps  
Code of Conduct**

Certification

I, \_\_\_\_\_, a volunteer for the Williams County Medical Reserve Corps have read and understand the Code of Conduct of the Medical Reserve Corps and agree to comply with the code as it is set forth in the attached document.

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Signature

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Date