

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: Beth Schweitzer
Williams County Health Department
P.O. Box 146
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 &
Hold Harmless Agreement**

I, _____, hereby request permission to participate in the Williams County Medical Reserve Corps (WCMRC). I understand that training and response to emergencies and disasters or approved activities will involve active physical participation, which includes a potential risk of personal injury and/or personal property damage. I make this request with full knowledge of the possibility of personal injury and/or personal property damage.

I agree to hold Williams County Health Department, WCMRC, state and local government agencies and their agents and personnel, harmless from any and all claims, actions, suits, and/or injury that I may suffer and which may arise as a result of my participation in the above agency.

I agree to follow the rules established by the WCMRC and to exercise reasonable care while participating in activities and responses. I understand that if I fail to follow any of the policies or procedures established by the WCMRC or if I fail to exercise reasonable care, I can be administratively removed from the program.

I 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.

By executing this release I certify that I have read this release in its entirety, understand all of its terms and have had any questions regarding the release or its effect satisfactorily answered. I sign this release freely and voluntarily.

Signature

Date

Emergency Contact Name

Emergency Contact Number

Comments:

Signature of WCMRC Officer

Date