Medical Reserve Corps Application Form

ALLEN COUNTY MEDICAL RESERVE CORPS

Please type or print in UNSHADED AREAS ONLY

Section 1 -- Contact Information

Title	First Name	MI	Last Name	Date of Birth	Home Phone

Address	City	State	Zip	County

Work Phone	Pager	Cell Phone	Fax

Email Address	Emergency Contact Name	Emergency Contact Phone

Section 2 -- Licenses/Certifications/Skills *(Please attach copies of credentials, licenses, registrations):*

Professional Field	Licenses Held	Skills	Languages Spoken

CPR Certified	CPR Expiration Date	Describe any Physical Limitations due to age or handicap
☐ Yes ☐ No		

Please list any National Incident Management System (NIMS) training you have completed

Section 3 -- Vaccination Information *(Please indicate which of the following you have by listing dates given or attaching verifying documentation):*

Hepatitis A Series Date	Hepatitis B Series Date	Tetanus, Diphtheria (Td) Date	Small Pox

MMR Date	Varicella Date	Tdap Date	

Section 4 -- CIMA Insurance

During ALL MRC Activities you are covered by CIMA insurance at no cost to you. Please designate a beneficiary or write "estate"

Beneficiary Name	Address	Phone	Relationship

Section 5 -- Authorizations and Signature

I authorize the MRC to complete a police background check and to verify any information I have listed above.

Volunteer Signature/Date

Please complete and sign this form and return to:

MRC Coordinator **1 E. Main Street - 5th Floor** **Fort Wayne, IN 46802**

Phone: (260) 449-3243 **Fax: (260) 427-1391**

Section 5 -- For MRC Office Use Only (*List dates for the following):*

Background Check	License(s) Verified	Hold Harmless Agreement	ID Badge Issued	Badge Number

MRC Signature/Date