



Clark County Medical Reserve Corps.

Volunteer Application

Personal Information		
Name:		
Street Address:		
City:	State:	Zip Code:
Primary Phone:		
Secondary Phone:		
Email:	Employer:	

Emergency Contact		
Name:	Relationship:	
Street Address:		
City:	State:	Zip Code:
Primary Phone:		

Skills and Training		
MEDICAL LICENSE OR CERTIFICATION	OTHER	ADDITIONAL TRAINING/EXPIERENCE
<input type="checkbox"/> Doctor	<input type="checkbox"/> Clergy	<input type="checkbox"/> List any Other ICS Training:
Specialty	<input type="checkbox"/> Forklift, Flagger, CDL's	
<input type="checkbox"/> Physician's Assistant	<input type="checkbox"/> Informational Technologist (IT)	
Specialty	<input type="checkbox"/> Psychological First Aid	
<input type="checkbox"/> Dentist	<input type="checkbox"/> Medical Office Management	
<input type="checkbox"/> Pharmacist	<input type="checkbox"/> Media/Public Relations/PIO	<input type="checkbox"/> Data Entry
<input type="checkbox"/> Nursing NP CNM RN CNRA LPN CAN	<input type="checkbox"/> Hazmat	<input type="checkbox"/> Office Skills
Type:	<input type="checkbox"/> Weather Spotter	<input type="checkbox"/> HAM Radio Operator
<input type="checkbox"/> Veterinary	Training	Call Sign : Class:
Specialty		<input type="checkbox"/> Sign Language
<input type="checkbox"/> Paramedic/EMT/Etc.	<input type="checkbox"/> CPR/AED or BCLS or ACLS	<input type="checkbox"/> Other Languages
Type:	Expires:	Which:
<input type="checkbox"/> Therapist:	<input type="checkbox"/> NIMS 100	Current License Information
Type:	<input type="checkbox"/> NIMS 200	Type:
<input type="checkbox"/> Mental Health Professional	<input type="checkbox"/> NIMS 300	State Issued:
Type:	<input type="checkbox"/> NIMS 400	Number:
<input type="checkbox"/> Other (Technician, Assistant, Etc.)	<input type="checkbox"/> NIMS 700	Expiration Date:
Type:	<input type="checkbox"/> NIMS 800	

UNIFORM SHIRT SIZE: _____

SEE REVERSE SIDE

Additional Information

Where are you interested in volunteering? Local Statewide Nationally

How frequently would you like to volunteer? Regularly Occasionally Emergency Only

Best time to contact: Daytime Evenings Weekdays Weekends

Best Form of Contact: Phone Email Text

Are you interested in participating in non-disaster community events? Yes No

Do you have any special needs or restrictions? If so, please explain:

Please list any other volunteer organizations you participate in:

Do you have any disaster experience? Yes No

List any related skills or training that you are authorized to teach:

Once completed fax to: (812) 288-2711
or scan & Email to: kgriffin@digicove.com
Thank you!

For Office Use Only

Added to Contact List

License/Certification Approved

Required training documented

Course Title

ICS-100

NIMS-700

FEMA IS-22

TRANE -MRC Orientation

TRANE-MRC Family Disaster Planning

Terrorism Preparedness

Tier One Training Completed

Tier Two Training Completed

Tier Three Training Completed

MRC Items Issued:

Photo taken for ID

Photo ID issue date: _____
