



Contra Costa County Medical Reserve Corps

VOLUNTEER APPLICATION						
Please Print or Type						
Name			Sex	Height	Weight	Eye Color
Street Address (Mailing)			City			
State	Zip	Drivers License #			Date of Birth:	
Cell Phone		Other Phone		Email:		
Languages Spoken						
Medical Professional (check one)			Disaster Healthcare Volunteer Registration			
Doctor <input type="checkbox"/>			I have created an account on the DHV Website: www.healthcarevolunteers.ca.gov My username is: _____			
Nurse <input type="checkbox"/>						
EMT <input type="checkbox"/>						
Paramedic <input type="checkbox"/>						
Mental Health <input type="checkbox"/>						
Non-Medical <input type="checkbox"/>						
Other _____						
License or Certificate/Registration Number				State License Held		Expiration Date
Level of Participation Desired (check one)						
<input type="checkbox"/>	ACTIVE	Receive notifications of ALL training opportunities, drill & exercises, emergency events, as well as non-emergency volunteer opportunities. Must attend 2 events annually.				
<input type="checkbox"/>	COUNTY UNIT	Receive only notifications of training drills, exercises, and emergency				
A Criminal Background Check is required of all volunteers.						
I do hereby give the Contra Costa County Medical Reserve Corps permission to release personal information to local, state and federal emergency management agencies and other Health and Human Services agencies, as						
Signature _____				Date ____/____/____		
<i>The above information was verified by viewing a US government issued identification</i>						
Signature of CCC MRC Coordinator _____				Date ____/____/____		
Privacy Act Statement						
This information is requested by the Contra Costa County Medical Reserve Corps and is for the purpose of organizing volunteers and staff to respond to public health emergencies. It will not be utilized or released for any other purpose without your express written permission, unless required by law, and all information will be kept in a secure manner.						

Contra Costa County EMS Office:
 777 Arnold Drive , Martinez CA 94553
 Phone (925) 608-5454

Email Applications to the MRC Coordinator:
 Lisa Vajgrt-Smith
 Lisa.Vajgrt-Smith@HSD.CCCounty.us