Medical Reserve Corps of North Idaho

Panhandle Health District
8500 North Atlas Road
Hayden, Idaho 83835
Telephone: 208-415-5185
Facsimile: 208-415-5181
http://www.phd1.idaho.gov/mrc.cfm
mrc@phd1.idaho.gov

VOLUNTEER APPLICATION

Please print or type

Name		
Street Address (Mailing)		
City	**State**	**Zip**
Home Phone	**Work Phone**	**Cell Phone**
Email		**Employer**

Type: Medical Professional:
- ❑ Doctor
- ❑ Nurse
- ❑ Pharmacy
- ❑ Other _____

Type:
- ❑ Non Medical

Requested means of communication:
- ❑ Mail to above address
- ❑ Mail to _____
  _____
- ❑ Email to above

For All Medical Professionals: Please indicate License Number or Certificate/Registration Number

Second Language

Do you have a valid Idaho driver's license? Yes No

State License Held

Degree Obtained

Level of Participation Desired: I prefer to be:

- ❑ **ACTIVE** Receives notifications of ALL training opportunities, training drills & exercises, emergency events, as well as non-emergency volunteer opportunities
- ❑ **LIMITED** Receives only notification of training drills and exercises and all emergency events
- ❑ **EMERGENCY ONLY** Receives notification of only major emergency events

NOTE: All volunteers are strongly urged to take the orientation training. Additional training is optional.

Have you ever been convicted of a felony? Yes No A misdemeanor (other than a traffic violation) Yes No
If yes, please explain:

A Criminal Background Check may be required of some volunteers:
- ❑ **YES, I agree that a background check may be performed. Birthdate ___/___/___ Other Names _____**
- ❑ **NO, I do not wish to have a background check performed** (Refusal of a background check does not automatically eliminate you from consideration for volunteer service.)

Location Preference for Responding

Coeur d'Alene	☐	**Bonners Ferry**	☐	**Plummer**	☐	**Priest River**	☐
Post Falls	☐	**Kellogg**	☐	**St. Maries**	☐	**Sandpoint**	☐

Signature	**Date**

Privacy Act Statement

This information is requested by Panhandle Health District 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.

Please email to: mrc@phd1.idaho.gov
Fax: 208-415-5181
Or mail to: MRC of North Idaho
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Hayden ID 83835