



Philadelphia Medical Reserve Corps Volunteer Application



The Philadelphia Department of Public Health (PDPH) and the Philadelphia Department of Behavioral Health and Mental Retardation Services (DBH/MRS) are seeking volunteers for a new local Medical Reserve Corps (MRC) Program. Active and retired licensed medical health providers and para or professional behavioral health providers are encouraged to apply. If faced with a large-scale public health emergency, resources will quickly be exhausted. Public health entities and hospitals simply won't be able to sustain an effective response without help. The Philadelphia MRC, with its cadre of pre-identified, trained and credentialed health care volunteers, aims to make sure the right reserve resources are ready to respond.

Name:		Gender:	
		M	F
Home Address:			
City:		State:	Zip:
Social Security Number:		Date of Birth:	
Home Phone Number: ()		Personal Cell phone number: ()	
Personal Pager: ()		Personal E-mail address	
Current Job Title:		Are you a City of Philadelphia employee?	
		No	Yes
Employer (if applicable):			
Work Address:			
Work Phone, Extension: ()		Work Cell Phone: ()	Work Pager: ()
Work E-mail:		Work Fax: ()	
Emergency Contact: Name		Emergency Contact: Phone Number ()	

Please submit a copy of license/certification with application

Medical and behavioral healthcare providers include the following: Physician, Physician Assistants, Nurse Practitioners, Registered Nurses, Licensed Practical Nurses, Pharmacists, Licensed Behavioral Health Providers, Paraprofessional Behavioral Health Providers, EMTs/Paramedics, Dentists, Veterinarians, Respiratory Care Therapists.

License Type:	License Number:	License Expiration Date:
State of Licensure:	Status of License:(circle one) Active Inactive Volunteer Retired	

Certification Type:	Certifying Agency:	Certification Number:
State of Certification:	Certification Expiration Date:	Status of Certification:(circle one) Active Inactive Volunteer Retired

Certification Type:	Certifying Agency:	Certification Number:
State of Certification:	Certification Expiration Date:	Status of Certification:(circle one) Active Inactive Volunteer Retired

Does your license authorize you to prescribe medications?

- No
- Yes

Does your license authorize you to administer injections?

- No
- Yes

Additional certificates held. Please submit a copy with application.

- | | | |
|------------------------------------|---------------------------------|-------------------------------------|
| <input type="checkbox"/> First aid | <input type="checkbox"/> PALS | <input type="checkbox"/> IS 700 |
| <input type="checkbox"/> CPR | <input type="checkbox"/> AED | <input type="checkbox"/> CERT |
| <input type="checkbox"/> ACLS | <input type="checkbox"/> IS 100 | <input type="checkbox"/> Other_____ |

Please check any Languages (other than English) in which you are fluent:

- | | |
|------------------------------------|---------------------------------------|
| <input type="checkbox"/> Spanish | <input type="checkbox"/> Russian |
| <input type="checkbox"/> Mandarin | <input type="checkbox"/> French |
| <input type="checkbox"/> Cantonese | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> Fujianese | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Italian | |

Do you possess a valid driver's License?

- No
- Yes (State_____ License#_____)

During an emergency would you have other obligations (work, other volunteer commitments, family) that could affect your availability for activation?

- No
- Yes (Please explain)

List other special skills you can bring to a public health emergency response. Please include any prior volunteer experience.

List any special needs or work restrictions.

Please select the counties you are willing to serve as a volunteer.

- Philadelphia
- Bucks
- Delaware
- Chester
- Montgomery
- Outside Southeastern Pennsylvania

Have you ever been convicted of a felony?

- No
- Yes (Please explain)

Have you ever been convicted of a misdemeanor (other than traffic violations)?

- No
- Yes (Please explain)

Authorization:

I hereby affirm that all of the information provided on this Volunteer Application is true, current, correct, and complete to the best of my knowledge and is furnished in good faith, and I hereby apply for membership in the Philadelphia Medical Reserve Corps (Philadelphia MRC). I acknowledge that I am applying for a volunteer position, that I will not be paid for any of my services, and that this is not an application for, or contract of, employment.

I hereby consent to the disclosure, inspection, and copying of information and documents relating to my employment history, licensure/certifications, credentials, qualifications, driving record, child abuse and criminal history for the purpose of evaluating this application and, if accepted, my continuing role as a volunteer. I further give my permission to use my likeness for Philadelphia MRC public relation purposes. I further give permission to the holder of any such records to release the same to the Philadelphia MRC pursuant to this authorization to the same extent as would be available to me. I hereby release all persons and entities providing this information to the Philadelphia MRC from any liability they might incur for their acts, omissions, and/or communications arising from this application, to the extent those acts, omissions and/or communications are protected by state and federal law. I understand that I, as an applicant, have the burden of producing adequate information for proper evaluation of my professional competence, character, ethics, and other qualifications and for resolving any doubt about such qualifications.

If I am accepted for membership in the Philadelphia MRC, I hereby authorize the Philadelphia MRC to release any information maintained in my file in my capacity as a volunteer of the Philadelphia MRC to local, state and federal emergency management agencies.

I understand that every attempt will be made to reduce risks to volunteers, 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

Please submit application via mail or fax to:
Marie Carbonetto
Philadelphia Medical Reserve Corps Coordinator
Philadelphia Department of Public Health
500 S. Broad Street 2nd Floor
Philadelphia, Pa 19146
Fax (215) 545-8362