

Region IV Medical Reserve Corps of Southwest Washington

Serving: Clark, Cowlitz, Skamania, Wahkiakum Counties and the Cowlitz Tribe

Volunteer Registration Form 2012

Contact Information						
Emergency Worker Registration #:			(leave blank if unknown)			
County of Residence:						
Name (Last):	(First):	(Middle):	Photograph (if available)			
Employer:		Employer Phone:				
Physical Home Address:						
Mailing Address (If different from above):						
City:	State:	Zip Code:				
Home Phone: ()	Work Phone: ()					
Cell Phone: ()	Pager: ()					
E-Mail:	Radio Call Sign:	Date of Birth:	Blood Type:	Sex (M-F):		
Driver's License No.:		Height:	Weight:	Eye Color:		
Physical Limitations or Disabilities (if any):			Natural Color of Hair:			
Person to Notify in Case of Emergency						
Name (Last):		(First):	Relationship:			
Day Phone: ()		Evening Phone: ()		Pager: ()		
Profession						
<i>Please identify your area of training and expertise:</i>						
<input type="checkbox"/> Certified Medical Assistant <input type="checkbox"/> Certified Nurse Assistant <input type="checkbox"/> Dentist <input type="checkbox"/> Dental Assistant <input type="checkbox"/> Dental Hygienist <input type="checkbox"/> Emergency Medical Technician <input type="checkbox"/> Laboratory Technician <input type="checkbox"/> Licensed Practical Nurse	<input type="checkbox"/> Medical Receptionist/Records <input type="checkbox"/> Mental Health Practitioner <input type="checkbox"/> Nurse Practitioner <input type="checkbox"/> Occupational Therapist <input type="checkbox"/> Optometrist <input type="checkbox"/> Paramedic <input type="checkbox"/> Pharmacist	<input type="checkbox"/> Pharmacy Assistant <input type="checkbox"/> Pharmacy Technician <input type="checkbox"/> Physical Therapist <input type="checkbox"/> Physician <input type="checkbox"/> Physician Assistant <input type="checkbox"/> Podiatrist <input type="checkbox"/> Psychologist <input type="checkbox"/> Radiology Technician <input type="checkbox"/> Registered Nurse	<input type="checkbox"/> Respiratory Therapist <input type="checkbox"/> Social Worker <input type="checkbox"/> Veterinarian <input type="checkbox"/> Veterinarian Assistant <input type="checkbox"/> Veterinarian Technician <input type="checkbox"/> Student <input type="checkbox"/> Other (specify) _____ <input type="checkbox"/> Other (specify) _____			
Licensure						
Licensing Board:			State:			
Highest Level of Licensure	State License # / Certificate #:	Issue Date:	Exp. Date:			
Clinical Specialty/Area of Practice:						
Areas of Special Professional Expertise/Interest:						
Current credentialing through [name of institution(s)]:						
Currently, I have privileges to practice at [name of institution(s)]:						

Experience and Skills			
<i>Please check all that apply:</i>			
<input type="checkbox"/> Injections Adults	<input type="checkbox"/> Specimen handling	<input type="checkbox"/> Mental health	<input type="checkbox"/> Registration
<input type="checkbox"/> Injections Children	<input type="checkbox"/> Triage	<input type="checkbox"/> Medical record review	<input type="checkbox"/> Radio/communications equipment
<input type="checkbox"/> Injections Infants	<input type="checkbox"/> Medical diagnosis	<input type="checkbox"/> Administration/supervisor	<input type="checkbox"/> Clinic set-up/breakdown
<input type="checkbox"/> Universal precautions	<input type="checkbox"/> Patient care	<input type="checkbox"/> Interviewing/investigating	<input type="checkbox"/> Data entry skills
<input type="checkbox"/> Outbreak investigation	<input type="checkbox"/> First aid/CPR	<input type="checkbox"/> Education/teaching	<input type="checkbox"/> Crowd control
<input type="checkbox"/> Contact tracing	<input type="checkbox"/> Medication distribution	<input type="checkbox"/> Purchasing/logistics	<input type="checkbox"/>
<input type="checkbox"/> Respite caregiver	<input type="checkbox"/> Providing vaccination	<input type="checkbox"/> Staffing/scheduling	<input type="checkbox"/>
Do you speak a foreign language? Yes <input type="checkbox"/> No <input type="checkbox"/>		Please list language(s):	
Speak fluently? Yes <input type="checkbox"/> No <input type="checkbox"/>		Reading/Writing? Yes <input type="checkbox"/> No <input type="checkbox"/>	
		Medical Translation? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Immunization Status			
<i>Please indicate whether you have received any of the following vaccinations:</i>			
Vaccination			
MMRV	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Unknown <input type="checkbox"/>
	Incomplete <input type="checkbox"/>		
Anthrax	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Unknown <input type="checkbox"/>
	Incomplete <input type="checkbox"/>		
	# of Vaccinations Received: _____		
Meningitis	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Unknown <input type="checkbox"/>
Hepatitis B	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Unknown <input type="checkbox"/>
	Incomplete <input type="checkbox"/>		
Smallpox	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Unknown <input type="checkbox"/>
	As a child only? <input type="checkbox"/>		
	# of Vaccinations Received: _____		
Comments:			

Risk Acknowledgement

I understand that participation in the Region IV Medical Reserve Corps of Southwest Washington may carry risks, including personal injury, from natural or man-made hazards, environmental conditions, diseases and other conditions that have the potential to cause injury. Being fully aware of the potential risks involved, by signing below, I hereby waive any and all legal rights I have or may have in the future to bring any claim or lawsuit against Clark County, Cowlitz County, Skamania County, Wahkiakum County, elected officials, employees, officers, or agents arising out of or connected with participating in the Region IV Medical Reserve Corps of Southwest Washington Program.

Worker’s Compensation

This is a volunteer position. You are not considered to be an employee of either, Skamania, Clark, Cowlitz or Wahkiakum Counties. Therefore any personal injuries or exposures you may contract as a volunteer are not covered by Workers Compensation Insurance, also known as Industrial Insurance.

Medical Liability

Your volunteer activities will be covered by each counties General Liability policy. This coverage is afforded because you will be under the direct supervision and direction of the specific counties Director of Health.

Requirements

By submitting this registration form for membership in the Region IV Medical Reserve Corps of Southwest Washington, I understand and agree to the following:

- I must be at least 18 years of age.
- I must be photographed for volunteer staff identification purposes.
- I may be asked to complete the “Applicant Disclosure and Authorization for Background Inquiry” (this form gives your permission to conduct a criminal background check with the Washington State

Patrol (WSP). Region IV MRC reserves the right to refuse applications based on the results of the WSP report/applicant disclosure form.

- I must have a valid driver's license or state-issued identification.
- I am willing to volunteer for the purpose of providing healthcare services as directed by public health authorities in the event of an emergency.
- I am willing to be notified and activated when additional healthcare providers are needed to support the response to an emergency. If I am unable to respond, it will not affect my standing as a volunteer.
- Health care professionals must produce proof of licensure if needed for volunteer activities.
- I will participate in the required orientation and basic training.

I certify that the information on this form is correct to my best knowledge and belief.

Signature

Date

Please mail, fax, or deliver this registration form and a current copy of any professional license(s) to:

Clark County Public Health

Attn: Lianne Martinez/Medical Reserve Corps

Physical Address: Clark County Center for Community Health, 1601 Fourth Plain Blvd., Bldg 17, 3rd Floor

Mailing Address: PO Box 9825, Vancouver, WA 98666-8825

Phone: (360) 397-8485

Fax: (360) 759-6761



Public Health
Prevent. Promote. Protect.

Region IV Public Health
Clark, Cowlitz, Skamania, Wahkiakum counties
and Cowlitz Tribe

CONFIDENTIAL

Applicant Disclosure and Authorization for Background Inquiry

IMPORTANT APPLICANT INFORMATION

PLEASE TYPE OR PRINT

Applicant's Name _____
(Last) (First) (Middle)

Alias/Maiden Name _____

Home Address _____
(Street) (City) (State) (Zip)

Date of Birth _____ Sex _____ Race _____ Title (if applicable, e.g. MD, DO, RN) _____

Social Security No. _____ Driver's License Number _____ State _____

You are applying for appointment to a position which may have unsupervised access to children under sixteen years of age, developmentally disabled persons, or other vulnerable adults during the course of his or her employment or involvement with the County. As provided by Washington State Law under RCW 43.43.830, applicants must provide a disclosure statement of certain civil adjudication, conviction records of crimes against persons, and disciplinary board final decisions prior to appointment to positions which are directly responsible for the care, supervision, or treatment of children, developmentally disabled persons, or other vulnerable adults. As provided by RCW 43.43.815 Clark County may conduct a pre-employment evaluation of prospective employees who, in the course of employment, may have access to County money or assets.

Clark County will make background inquiries of the above noted disclosures. Such inquiries may be made to State and/or Federal law agencies. Information obtained from the disclosure statement or from the background inquiries will not necessarily preclude appointment, but will be considered in determining the applicant's character, suitability, and competence for the position applied for and may result in denial of appointment. The use of these inquiries will be restricted to decisions on possible County appointment.

If you wish to be considered for appointment, you must complete and sign this Applicant Disclosure and Authorization for Background Inquiry Form. Failure to complete and sign this form will disqualify you from County appointment. Additionally, if you do not live in Washington or have lived in the state for less than three years, you must submit to fingerprinting for the purpose of conducting a Washington State Patrol and Federal Bureau of Investigation background check. If selected for the position, this information may be collected periodically in the future, in compliance with applicable state laws and grantor agency requirements.

State background identification shall satisfy future record check requirements for the applicant for a two (2) year period. A copy of the background inquiry information from State or Federal law enforcement agencies will be available to you upon request. Clark County is not liable for defamation, invasion of privacy, negligence, or any other claim in connection with any lawful dissemination of information under RCW 43.43, and will not disseminate this information to a second party in compliance with RCW 10.97.

State and Federal background checks will be completed at Clark County's expense.

Please answer *Yes* or *No* to each item below. If you answer *Yes* to any item, explain in the area provided or attach additional sheets indicating the charge or finding, date, court(s), and state involved.

1. Have you ever been convicted of any crimes against children or other persons as follows:

Aggravated Murder; First or Second Degree Murder; First or Second Degree Kidnapping; First, Second, or Third Degree Assault; First, Second, or Third Degree Assault of a Child; First, Second, or Third Degree Rape; First, Second, or Third Degree Rape of a Child; First or Second Degree Robbery; First Degree Arson; First Degree Burglary; First or Second Degree Manslaughter; First or Second Degree Extortion; Indecent Liberties; Incest; Vehicular Homicide; First Degree Promoting Prostitution; Communication With a Minor; Unlawful Imprisonment; Simple Assault; Sexual Exploitation of Minors; First or Second Degree Criminal Mistreatment; Child Abuse or Neglect as defined in RCW 26.44.020; First or Second Degree Custodial Interference; Malicious Harassment; First, Second, or Third Degree Child Molestation; First or Second Degree Sexual Misconduct With a Minor; First or Second Degree Rape of a Child; Patronizing a Juvenile Prostitute; Child Abandonment; Promoting Pornography; Selling or Distributing Erotic Material to a Minor; Custodial Assault; Violation of Child Abuse Restraining Order; Child Buying or Selling; Prostitution; Felony Indecent Exposure; Criminal Abandonment; or any of these crimes as they may be renamed in the future

No ___ Yes ___ If Yes, explain _____

2. Have you ever been convicted of crimes related to financial exploitation (First, Second, or Third Degree Extortion; First, Second, or Third Degree Theft; First or Second Degree Robbery; Forgery) where the victim was a vulnerable adult?

No ___ Yes ___ If Yes, explain _____

3. Have you been convicted of crimes related to drugs (manufacture, delivery, or possession with intent to manufacture or deliver a controlled substance)?

No ___ Yes ___ If Yes, explain _____

4. Have you ever been found in any dependency action under RCW 13.34.030 to have sexually assaulted or exploited any minor, or to have physically abused any minor?

No ___ Yes ___ If Yes, explain _____

5. Have you ever been found in any disciplinary board final decision to have sexually or physically abused or exploited any minor or developmentally disabled person or to have abused or financially exploited any vulnerable adult?

No ___ Yes ___ If Yes, explain _____

6. Have you ever been found by a court in a protection proceeding under RCW 74.34 to have abused or financially exploited a vulnerable adult?

No ___ Yes ___ If Yes, explain _____

Have you been a Washington state resident for the three year period prior to this application?

Yes No

If you have lived in Washington state less than three years immediately prior to your application to have unsupervised access to children or to individuals with a developmental disability, you are required to be fingerprinted for a background check with the Washington State Patrol and the Federal Bureau of Investigation, and this must be repeated every three years.

I swear, under penalty of perjury that the above information is correct:

Applicant Signature: _____ Date: _____