# Volunteer Registration Form

## Contact Information

<table>
<thead>
<tr>
<th>County of Residence:</th>
<th>(leave blank if unknown)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name (Last):</td>
<td>(First):</td>
</tr>
<tr>
<td>Employer:</td>
<td>Employer Phone:</td>
</tr>
<tr>
<td>Physical Home Address:</td>
<td></td>
</tr>
<tr>
<td>Mailing Address (If different from above):</td>
<td>Photograph (if available)</td>
</tr>
<tr>
<td>City:</td>
<td>State:</td>
</tr>
<tr>
<td>Home Phone:</td>
<td>Work Phone:</td>
</tr>
<tr>
<td>Cell Phone:</td>
<td>Pager:</td>
</tr>
<tr>
<td>E-Mail:</td>
<td>Radio Call Sign:</td>
</tr>
<tr>
<td>Driver’s License No.:</td>
<td>Height:</td>
</tr>
<tr>
<td>Physical Limitations or Disabilities (if any):</td>
<td>Natural Color of Hair:</td>
</tr>
</tbody>
</table>

## Person to Notify in Case of Emergency

<table>
<thead>
<tr>
<th>Name (Last):</th>
<th>(First):</th>
<th>Relationship:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Day Phone:</td>
<td></td>
<td>Evening Phone:</td>
</tr>
<tr>
<td></td>
<td>( )</td>
<td>Pager:</td>
</tr>
</tbody>
</table>

## Profession

<table>
<thead>
<tr>
<th>Certified Medical Assistant</th>
<th>Certified Nurse Assistant</th>
<th>Dentist</th>
<th>Dental Assistant</th>
<th>Dental Hygienist</th>
<th>Emergency Medical Technician</th>
<th>Laboratory Technician</th>
<th>Licensed Practical Nurse</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical Receptionist/Records</td>
<td>Mental Health Practitioner</td>
<td>Nurse Practitioner</td>
<td>Occupational Therapist</td>
<td>Optometrist</td>
<td>Paramedic</td>
<td>Pharmacist</td>
<td>Pharmacy Assistant</td>
</tr>
</tbody>
</table>

## Licensure

<table>
<thead>
<tr>
<th>Licensing Board:</th>
<th>State:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Highest Level of Licensure</td>
<td>State License # / Certificate #:</td>
</tr>
</tbody>
</table>

## 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
Please check all that apply:

- Injections Adults
- Injections Children
- Injections Infants
- Universal precautions
- Outbreak investigation
- Contact tracing
- Respite caregiver
- Specimen handling
- Triage
- Medical diagnosis
- Patient care
- Medication distribution
- Providing vaccination
- Mental health
- Medical record review
- Administration/supervisor
- Interviewing/investigating
- Education/teaching
- Purchasing/logistics
- Staffing/scheduling
- Registration
- Radio/communications equipment
- Clinic set-up/breakdown
- Data entry skills
- Crowd control

Do you speak a foreign language? Yes □ No □
Please list language(s):

Speak fluently? Yes □ No □
Reading/Writing? Yes □ No □
Medical Translation? Yes □ No □

Immunization Status
Please indicate whether you have received any of the following vaccinations:

<table>
<thead>
<tr>
<th>Vaccination</th>
<th>Year(s) Received</th>
</tr>
</thead>
<tbody>
<tr>
<td>MMRV</td>
<td>Yes □ No □ Unknown □ Incomplete □</td>
</tr>
<tr>
<td>Anthrax</td>
<td>Yes □ No □ Unknown □ Incomplete □</td>
</tr>
<tr>
<td>Meningitis</td>
<td>Yes □ No □ Unknown □</td>
</tr>
<tr>
<td>Hepatitis B</td>
<td>Yes □ No □ Unknown □ Incomplete □</td>
</tr>
<tr>
<td>Smallpox</td>
<td>Yes □ No □ Unknown □ As a child only? □</td>
</tr>
</tbody>
</table>

# 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
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.

2013 MRC Volunteer Registration Form-with Background.doc
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; Forger) 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: __________________