



MEDICAL RESERVE CORP (MRC) PORTAGE COUNTY REGISTRATION FORM

Volunteer Database Registration (Please Read)

The MRC Database is maintained by the Ohio Community Service Council. The Portage County Health Department is able to enter your information in this database for you. You are encouraged to use your account we are setting up for you at www.serveohio.org. The site is set up to allow you to keep your own information current and customize your volunteer experience. Response is ALWAYS completely voluntary.

I give permission to set up an account for me at www.serveohio.org:

Signature: _____ Date: _____

Username: _____ Temporary password: _____

Contact Information

First name: _____ Last Name: _____ Title: _____

Home Address: _____ City: _____ State: _____ Zip: _____

County: _____ Day Phone: _____ Evening Phone: _____ Cell: _____

Pager: _____ Fax: _____ Email: _____

Alpha-Numeric Pager (This is an email address that goes directly to your cell or pager): _____

Gender: ____ Date of Birth: _____ Veteran: ____ Current Employer(s): _____

Business Address: _____ City: _____ State: _____ Zip: _____

Do you speak any language other than English? List: _____

Are you an Ohio licensed medical professional?* _____, if yes please complete this section required for liability protection as a Medical Reserve Corps Volunteer:

Medical Profession: _____ Medical Specialty: _____

Medical License Number: _____ Medical License Expiration Date: _____

Driver's License#: _____

I understand that by voluntarily providing my information to the Ohio Citizen Corps and the Ohio Medical Reserve Corps. I am indicating a willingness to volunteer during a governmentally declared emergency that requires assistance from the medical community. Registering with the Ohio Citizen Corps and the Ohio Medical Reserve Corps is not a substitute for the appropriate professional license to practice in Ohio. I understand that it is my responsibility to properly maintain my professional license in good standing and that an Ohio license in good standing and participating in any required training or education is a prerequisite to volunteering. I further understand that by signing, I hereby certify and affirm all the information I have provided is true and accurate to the best of my knowledge. I also acknowledge that the Ohio Citizen Corps and the Ohio Medical Reserve Corps may verify the information I have provided as a part of the volunteering process.

Signature: _____ Date: _____

Admin Section Only: Approved Ohio Medical Reserve Corps Training

Training Name: _____ Training Date: _____ Sponsoring Agency: _____

Was Driver's License Checked? _____ Was Medical Professional Card Checked? _____

Collected By: _____ Date: _____

Portage County Medical Reserve Corps
VOLUNTEER HEALTH INFORMATION FORM

Personal Contact Information

Describe any restrictions you have on activities: _____

List all medications, vitamins, herbs and over the counter drugs you usually take: _____

Please list any allergies or other medical conditions that a physician would need to be aware of:

Emergency Contact Information

Name _____ Relationship _____

Address _____ City _____ State _____ Zip Code _____

Daytime Phone Number () _____ Evening Phone Number () _____

The Portage County Health Department recognizes its responsibility to volunteer staff to assure fair and equal treatment and will not discriminate on the basis of color, religion, sex, age or national origin or against any qualified handicapped individual, or disabled veteran. I understand that I am registering for an unpaid volunteer position and that this is not an application for or contract of employment. I further agree that as a volunteer I may not accept payment for my services and that I will incur the cost of transportation. I will also take required training when applicable. The statements made on the registration are true, complete and accurate to the best of my knowledge. I understand that any misrepresentation, omission of information, or misleading and incomplete data shall result in disqualification from consideration or dismissal as a volunteer. The Portage County Health Department reserves the right to disqualify or reject any volunteer.

X _____
Signature

Date

Please return this form to:
Kim Villers, RN, BSN
Portage County Medical Reserve Corps Coordinator
kvillers@portageco.com
Portage County Health Department
449 S. Meridian St
Ravenna, Ohio 4426
330-296-9919 (phone) 330-297-3597 (fax)

