BUCKS COUNTY MEDICAL RESERVE CORPS

Bucks County Department of Health, 1282 Almshouse Road, Doylestown, PA 18901
Phone: 215-345-3318
Fax: 215-345-3833
Email: HDbcmrc@co.bucks.pa.us

BUCKS COUNTY MEDICAL RESERVE CORPS

Bucks County Medical Reserve Corps (MRC) is a group of volunteer health, allied professionals and lay personnel that would provide part of the required surge capacity needed for emergency response in the event of public health disaster emergencies, including bioterrorism, infectious disease epidemics, chemical spills, drinking water/waste water contamination – accidental or intentional, mass transit accidents like plane or train crash or any other public health emergencies or terrorist acts. Apart from emergencies, BC-MRC would volunteer in our communities in normal times, in ongoing public health activities like public health speaking, mass immunizations especially during flu seasons, education, training and exercises in public health emergency preparedness and response activities, and other activities that would improve the health status of our communities.

DATA SECURITY AND PRIVACY

Bucks County Medical Reserve Corps guarantees that all information collected and stored in our database or registry shall be private under the **Pennsylvania Right to Know Act 65 P.S. 66.1 et seq**, and shall only be available to partners involved in the county public health emergency preparedness and response activities. All information provided is therefore solely for use in volunteer emergency planning and response, training and education purposes only.

ACTIVATION OF THE MRC

BC-MRC activation shall be done through a joint decision of Bucks County Emergency Management Agency, Bucks County Department of Health, Bucks County Citizen Corps Council and the MRC Executive Committee.

V O L U N T E E R I N F O R M A T I O N

1. Personal Information

First Name*_____Middle Name*_____Last Name*_____

Gender* M____ F ____ Date of Birth* (m/d/y) (_____/_____/_____)

Occupation* _____ Driver's License/ID No _____State ID No_____

Professional Certification and/or Licensure: Type_____State: ____Active____ Retired____

2. Contact Address:

Home * _____

City _____ State_____ Zip Code_____

Work* _____

City _____ State_____ Zip Code_____

Home Phone * _____ Work Phone * _____ Ext. _____

Mobile Phone * _____ Pager * _____ Fax: * _____

Primary Email Address* _____Secondary Email Address*_____

User ID* _____ Re-Enter User ID* _____

3. Best method of contact during an emergency? *

a. Phone ____ b. Cell Phone ____ c. Fax ____ d. Pager ____

4. Additional skills that would enhance your effectiveness as an emergency volunteer personnel

a. Bi- or Multilingual (List) i _____ ii. _____ Iii, _____

b. Computer/Software Proficiency (List) i. _____ii. _____ Iii. _____

c. Other: (List) i. _____ ii. _____ Iii. _____ Iv. _____

5. Please indicate any physical or other limitations that would require special arrangements

_____

_____

* Denote Required Fields

_____

6. TRAINING AND EDUCATION

a. Cardio-Pulmonary Resuscitation:

Basic: ____Yes _____ No. Advance _____Ye: _____No. Expiration Date _____

b. Basic First Aid ____Yes ___No. Advanced First Aid _____Yes _____ No. Expiration Date: _____

c. Other – Specify

d. Areas of desired training: Please list

i. _____

ii. _____

iii. _____

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7. Are you currently in any reserve, military or re-call capacity that would affect your volunteer deployment in an emergency? Please list below:

a. _____ b. _____

_____

8. CONSENT FOR VERIFICATION, REFERENCE AND BACKGROUND CHECK

I verify that the above information is accurate to the best of my knowledge. I concede to Bucks County Medical Reserve Corps the rights to verify all information I have provided as to my educational qualifications and background, employment and volunteer history, my professional licenses and Police records. By the same token, I consent to the release of all such above information to Bucks County Medical Reserve Corps from any individual(s) or organization(s) that may be in custody of such information.

I hold Bucks County Medical Reserve Corps and all such individuals and organizations harmless of any civil or criminal liability that may arise as a result of the above, as I understand that Bucks County Medical Reserve Corps will only use the information for the consideration of my volunteer application.

Name (Print): _____ Social Security Number: _____

Signature: _____ Date: _____