



Ripley County Medical Reserve Corps.



Volunteer Application

Personal Information		
Name:		
Street Address:		
City:	State:	Zip Code:
Primary Phone:		
Secondary Phone:		
Email:	Employer:	

Emergency Contact		
Name:	Relationship:	
Street Address:		
City:	State:	Zip Code:
Primary Phone:		

Skills and Training		
MEDICAL LICENSE OR CERTIFICATION	OTHER	ADDITIONAL TRAINING/EXPIERENCE
<input type="checkbox"/> Doctor	<input type="checkbox"/> Clergy	<input type="checkbox"/> List any Other ICS Training:
Specialty	<input type="checkbox"/> Forklift, Flagger, CDL's	
<input type="checkbox"/> Physician's Assistant	<input type="checkbox"/> Informational Technologist (IT)	
Specialty	<input type="checkbox"/> Psychological First Aid	
<input type="checkbox"/> Dentist	<input type="checkbox"/> Medical Office Management	
<input type="checkbox"/> Pharmacist	<input type="checkbox"/> Media/Public Relations/PIO	<input type="checkbox"/> Data Entry
<input type="checkbox"/> Nursing NP CNM RN CNRA LPN CAN	<input type="checkbox"/> Hazmat	<input type="checkbox"/> Office Skills
Type:	<input type="checkbox"/> Weather Spotter	<input type="checkbox"/> HAM Radio Operator
<input type="checkbox"/> Veterinary	Training	Call Sign : Class:
Specialty		<input type="checkbox"/> Sign Language
<input type="checkbox"/> Paramedic/EMT/Etc.	<input type="checkbox"/> CPR/AED or BCLS or ACLS	<input type="checkbox"/> Other Languages
Type:	Expires:	Which:
<input type="checkbox"/> Therapist:	<input type="checkbox"/> NIMS 100	Current License Information
Type:	<input type="checkbox"/> NIMS 200	Type:
<input type="checkbox"/> Mental Health Professional	<input type="checkbox"/> NIMS 300	State Issued:
Type:	<input type="checkbox"/> NIMS 400	Number:
<input type="checkbox"/> Other (Technician, Assistant, Etc.)	<input type="checkbox"/> NIMS 700	Expiration Date:
Type:	<input type="checkbox"/> NIMS 800	

UNIFORM SHIRT SIZE: _____

Additional Information		
Where are you interested in volunteering? <input type="radio"/> Local <input type="radio"/> Statewide <input type="radio"/> Nationally		
How frequently would you like to volunteer? <input type="radio"/> Regularly <input type="radio"/> Occasionally <input type="radio"/> Emergency Only		
Best time to contact: <input type="radio"/> Daytime <input type="radio"/> Evenings <input type="radio"/> Weekdays <input type="radio"/> Weekends		
Best Form of Contact: <input type="radio"/> Phone <input type="radio"/> Email <input type="radio"/> Text		
Are you interested in participating in non-disaster community events? <input type="radio"/> Yes <input type="radio"/> No		
Do you have any special needs or restrictions? If so, please explain:		
Please list any other volunteer organizations you participate in:		
Do you have any disaster experience? <input type="radio"/> Yes <input type="radio"/> No		
List any related skills or training that you are authorized to teach:		

For Office Use Only		
<input type="radio"/> Added to Contact List	<input type="radio"/> Tier One Training Completed	<input type="radio"/> Photo taken for ID
<input type="radio"/> License/Certification Approved	<input type="radio"/> Tier Two Training Completed	<input type="radio"/> Photo ID issue date: _____
<input type="radio"/> Required training documented	<input type="radio"/> Tier Three Training Completed	
<u>Course Title</u>	MRC Items Issued:	
<input type="radio"/> ICS-100	_____	
<input type="radio"/> NIMS-700	_____	
<input type="radio"/> FEMA IS-22	_____	
<input type="radio"/> TRANE -MRC Orientation	_____	
<input type="radio"/> TRANE-MRC Family Disaster Planning	_____	
<input type="radio"/> Terrorism Preparedness	_____	

PLEASE RETURN APPLICATION TO :
RIPLEY COUNTY MRC
102 WEST FIRST NORTH STREET/PO BOX 745
VERSAILLES, IN 47042
812-689-5751 (P)
812-689-3909 (F)
ripleymrc1@gmail.com