



**The Ripley County Health Department is seeking individuals who are interested in joining the newly established Ripley County Medical Reserve Corps (MRC)**

*A Medical Reserve Corps is made up of volunteers (both medical and non-medical) who assist in preparing for and responding to public health emergencies.*



**We are seeking the following volunteers:**

**Medical, Public, and Mental Health Professionals:** doctors, physician's assistants, nurses, pharmacists, medical technicians, counselors, social workers, psychologists, veterinarians, epidemiologists, EMT's, etc.

**Volunteer Coordinators:** People who are interested in organizing meetings and developing and maintaining the Medical Reserve volunteers.

**Clerical Support:** greeters, registrars, general administrative help

**Security:** traffic flow, parking, etc.

**Transportation:** to help people get to our dispensing sites.

**Benefits of volunteering with the Ripley County MRC:**

Serve your family, friends, neighbors and loved ones in your community.

Participate in initiatives that enhance and strengthen public health such as vaccination and health education programs.

**Free training available:**

Incident Command System

Psychological First Aid

Bloodborne Pathogens

Personal safety in emergency situations

Become familiar with existing local emergency plans, procedures, and facilities

**To become a volunteer with the Ripley County MRC simply complete the attached application and mail to:**

P.O. Box 423 Versailles, IN 47042

Or

Contact us via email or phone for more information at  
812-689-5751

[ripleycountymrc@hotmail.com](mailto:ripleycountymrc@hotmail.com)

**Find us on Facebook!**

# Ripley County Indiana

## Medical Reserve Corps



### Membership Application

Personal Information		
Name: Last	First:	Middle:
Home Street Address:	City:	State & Zip
Employer:	Title/Position:	Currently Employed: <input type="radio"/> Full Time <input type="radio"/> Part Time <input type="radio"/> Student <input type="radio"/> Retired
Work Street Address:	City: State & Zip:	
Home Phone:	Work Phone:	Cell Phone:
		Date Of Birth mm/dd/yyyy:
Home E-mail:	Work Email:	Shirt Size:

Emergency Contact		
Last Name:	First Name:	Relationship:
Street Address:	City:	State & Zip:
Daytime Phone:	Evening Phone:	Cell Phone:

Skills and Training		
Medical License Or Certification	Others	Additional Training
<input type="radio"/> Doctor Specialty <input type="radio"/> Physician's Assistant Specialty <input type="radio"/> Dentist <input type="radio"/> Pharmacist <input type="radio"/> Nursing NP CNM RN CNRA LPN CAN Type: <input type="radio"/> Veterinary Specialty <input type="radio"/> Paramedic/EMT/Etc. Type: <input type="radio"/> Therapist: Type: <input type="radio"/> Mental Health Professional Type: <input type="radio"/> Other (Technician, Assistant, Etc.) Type:	<input type="radio"/> Clergy Denomination <input type="radio"/> Informational Technologist (IT) <input type="radio"/> Web Page Design <input type="radio"/> Medical Office Management <input type="radio"/> Media/Public Relations/PIO <input type="radio"/> Grant Writing <input type="radio"/> Emergency Management Training  <b>Training</b> Please Provide Documentation <input type="radio"/> CPR/AED or BCLS or ACLS Expires: <input type="radio"/> First Aid Expires: <input type="radio"/> Privacy/HIPAA/Confidentiality <input type="radio"/> Universal Precautions <input type="radio"/> CERT Graduate <input type="radio"/> ICS 100 <input type="radio"/> NIMS 700	<input type="radio"/> Other ICS Training Which: <input type="radio"/> Vaccination Administration <input type="radio"/> Venipuncture <input type="radio"/> Mental Health Training for Disasters <input type="radio"/> Hazmat Type: <input type="radio"/> ATLS <input type="radio"/> PHTLS, CDLS, BDLS, ADLS <input type="radio"/> Pediatrics, PALS, ENPC, Other: <input type="radio"/> geriatrics, GEMS, Other <input type="radio"/> Forklift, Flagger, Commercial Drivers License <input type="radio"/> Other  <b>Communications Skills</b> <input type="radio"/> HAM Radio Operator Call Sign Class: <input type="radio"/> Sign Language <input type="radio"/> Other Languages Which:

Current or Past Medical License/Certification		
Type	State Issued & Number	Expiration Date:
Type	State Issued & Number	Expiration Date:

# Ripley County Indiana Medical Reserve Corps



Additional Information
Where are you interested in volunteering? <input type="radio"/> Local <input type="radio"/> Statewide <input type="radio"/> Nationally Note:
How frequently would you like to volunteer? <input type="radio"/> Regularly <input type="radio"/> Occasionally <input type="radio"/> Emergency Only Note:
Best time to contact: <input type="radio"/> Daytime <input type="radio"/> Evenings <input type="radio"/> Weekdays <input type="radio"/> Weekends Note:
Are you interested in participating in non-disaster community events? <input type="radio"/> Yes <input type="radio"/> No Note:
Have you completed the Hepatitis B Vaccine Series? <input type="radio"/> Yes <input type="radio"/> No
Date of last Tetanus vaccination mm/dd/yy:
Do you have any special needs or restrictions? If so, please explain:
Please list any other emergency/disaster response groups in which you participate:
Do you have any disaster experience? Please explain:
List additional skills, training, and knowledge that you possess which would be of value in emergency situations:
List any related skills or training that you are authorized to teach. List the authorizing agency:
Why do you want to volunteer with the Ripley County Indiana MRC?

Please provide two Professional References for us to contact		
Name	Address	City, State, and Zip
Phone Number	Alternate Phone Number	Email
Name	Address	City, State, and Zip
Phone Number	Alternate Phone Number	Email

For Office Use Only		
<input type="checkbox"/> Added to Contact List	<input type="checkbox"/> Orientation Complete	<input type="checkbox"/> Photo taken for ID
<input type="checkbox"/> License/Certification Approved	<input type="checkbox"/> References Approval	<input type="checkbox"/> Photo ID issue date: _____
<input type="checkbox"/> Required training documented	<input type="checkbox"/> Acceptance Letter Sent	<input type="checkbox"/> Shirt Issue date: _____
<u>Course Title</u>	<u>Course Certification Date</u>	
<input type="checkbox"/> ICS-100	_____	
<input type="checkbox"/> NIMS-700	_____	
<input type="checkbox"/> FEMA IS-22	_____	
<input type="checkbox"/> Public Health 101	_____	
<input type="checkbox"/> Bloodborne Pathogens	_____	
<input type="checkbox"/> Psychological First Aid (PFA)	_____	
<input type="checkbox"/> SNS/PODS	_____	

# Ripley County Indiana Medical Reserve Corps



## Signature Page

Please Read and Initial each of the following:

\_\_\_\_\_ I understand that the final determination for issuance of an Emergency Worker Identification Card will be at the discretion of and may be revoked by the Administrator of the Ripley County Health Department and/or the Ripley County MRC Unit Leader. In the event of this happening, this card will become retired and invalid.

\_\_\_\_\_ I understand that I must possess a valid drivers license and auto liability insurance to meet state requirements if I drive to or from a mission or training event.

\_\_\_\_\_ I realize that as an Emergency Worker I may acquire knowledge of confidential information. I agree that release of information to unauthorized individuals is strictly prohibited.

\_\_\_\_\_ I understand that the MRC may take photographs of volunteers in action during trainings, exercises, and actual events. I give my permission to use my photographs on websites, in newsletters, and other publications.

The information contained in this application is completed and true. If information given in this application is not complete and true, I understand that my assignment may be terminated.

Signed \_\_\_\_\_

Date \_\_\_\_\_

## Authorization to Release Information

As a candidate to volunteer for the Ripley County Indiana Medical Reserve Corps, I authorize all employers, agencies, institutions, and references to release information for use in establishing my qualifications or suitability for the Medical Reserve Corps. Information released can include any information that has a bearing on my qualifications and suitability for the job.

I release all parties and persons connected with any such request for information from all claims, liabilities, and damages for any reason arising out of the furnishing or gathering of information. I understand all information released is completely confidential. A photocopy of this release is to be considered as valid as the original.

Printed Name \_\_\_\_\_

Other names used in past (and dates used) \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

***If your application is denied you have 30 days to appeal in writing to the Ripley County MRC.***



**Ripley County Sheriff's Office  
Background Check**

***Medical Reserve Corps***

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Maiden Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Drivers License #: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_

Sex: \_\_\_\_\_

**Background Information:**

Any driving restrictions? \_\_\_\_\_

Any driving endorsements? \_\_\_\_\_

Have you ever been investigated or arrested for a crime? \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

(Answering yes will not be an automatic disqualifier. Factors will be considered due to the nature, seriousness of the act, and the age and maturity of the applicant at the time of the act.)

**Please understand, by signing this application you are acknowledging and approving the Ripley County Sheriff's Office to make inquiries into your background, criminal history, and driving records.**

I certify that to the best of my knowledge the above information is true and correct.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

For Official Use Only:

AS400/Longarm: \_\_\_\_\_

NCIC III/WASIC \_\_\_\_\_

Drivers Check: \_\_\_\_\_

Abstract of Driving Record: \_\_\_\_\_