

Potomac Highlands Medical Reserve Corps Project Volunteer Recruiting Form

Please Print All Information

Name: _____ County: _____

Address: (Mailing) _____

(Physical) _____

Phone Numbers: Home: _____ Which is your preferred contact number?
Work: _____
Cell: _____
Pager: _____

E-Mail Address: _____

Which of the following skills or certifications do you possess (check all that apply)?

Physician Dentist Pharmacist Pharmacy Tech Nurse EMT Paramedic
Nurse Practitioner Physician Assistant Dental Hygienist Veterinarian Vet Tech
Accountant IT/Computer Tech Med Tech Mental Health Worker Security

What other skills or training do you have (circle all that apply)?

Heavy Equipment Operator Training in Incident Command System
Foreign Language Translator – if so, what language(s) _____
Interpreter for the Deaf Computer Data Entry First Aid/CPR
Working with animals Record Keeping and Filing Keyboarding/Typing
ATV/Truck/Bus Driver – if so, do you have a CDL license? _____
Toxicology Hazardous Materials Telephone Interviewing
Working with people with special needs Ham Radio CB Radio
Other (please list) _____

List any registrations or certifications you hold, including your license number, i.e. MD, DDS, EMT-B, EMT-P, CPA, etc.

Would you be willing to attend any trainings that are offered free-of-charge? _____

Anticipated Participation Level (check all that apply)

_____ Please contact me, I would like to be more involved with the MRC development in my community
_____ Please include me in the Potomac Highlands MRC e-mail database
_____ Please notify me of training and educational opportunities only