



# Volunteer Application

Name:

\_\_\_\_\_  
First Middle Last

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

Mailing Address (if different): \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Work Phone/Ext.: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Emergency Contact (Name/Phone): \_\_\_\_\_

Drivers License #: \_\_\_\_\_ State Issued: \_\_\_\_\_

Occupation/Profession: \_\_\_\_\_

## **Professional Licensure and/or Certification:**

Please List: \_\_\_\_\_

Is License Active: Y N Date of Expiration: \_\_\_\_\_

License #(s): \_\_\_\_\_

State(s) of Licensure(s): \_\_\_\_\_

Specialties: \_\_\_\_\_

Basic CPR Certified? Y N exp. date \_\_\_\_\_

Advanced CPR Certified? Y N exp. date \_\_\_\_\_

First Aid Certified? Y N exp. date \_\_\_\_\_

Please List any other Medical/Health Training: \_\_\_\_\_

Do you speak any foreign languages? Y N language \_\_\_\_\_

**--Please attach copies of all licenses, certifications and specialties--**

**Areas of Service Interest:**

Disease Outbreak/Mass Immunizations      Natural Disasters      Shelter Support  
Public Health Clinics      Moore Free Care Clinic      Community Health Education

Other Special Interests or Talents: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Days available:      Sun      Mon      Tues      Wed      Thurs      Fri      Sat  
Hours available:      Morning      Afternoon      Evening      Anytime

Other Current & Prior Volunteer Experience: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Special Needs or Work Restrictions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Referred By:      Personal Contact      Media      Other \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please return this application to:**

Moore County Medical Reserve Corps  
P.O. Box 279  
Carthage, NC 28327  
or, Fax to: (910) 947-1663

**For questions, please contact:**

Matt Garner  
MRC Coordinator  
(910) 947-3300 ext. 4512  
mgarner@moorecountync.gov

***Thank you for your interest in the Moore County Medical Reserve Corps!***

*Applicants' qualifications and background may be subject to review.*

Date screened \_\_\_\_\_ by \_\_\_\_\_ **Office use**

**only**

Copies \_\_\_\_\_ credentials \_\_\_\_\_ license check \_\_\_\_\_ orientation

\_\_\_\_\_