

**Defiance County Medical Reserve Corps
Volunteer Application**

Date of Application _____ Year of Birth _____

Name _____
Last First MI

Home Address _____
Street City State Zip

E-Mail Address _____

Home Phone _____ Work Phone _____ Cell Phone _____

Place of Employment _____

Occupation _____ Full Time Part Time
 Retired Student

U.S. Citizen? _____ Yes _____ No

Please list areas of Licensure/Certification _____

Please list areas of expertise, special skills, training, etc. _____

Please list other volunteer affiliations _____

Emergency Contact Information

Name _____
Last First MI

Home Address _____
Street City State Zip

Relationship _____

Home Phone _____ Work Phone _____

I hereby certify that all the information on page one is accurate and correct and I hereby make application for membership in the Defiance County Medical Reserve Corps. I understand that I am applying for a volunteer position and this is not an application for, or contract of, employment.

I understand that every attempt will be made to reduce risks to volunteer, however, some risks may be present during a public health emergency and I agree to assume my own risk as a volunteer.

Signature of Applicant

Date

PHOTO PERMISSION:

Yes, _____, I give my permission to be interviewed and/or photographed for publicity purposes. I understand that this information may appear publicly in a newspaper or other advertising media.
No expiration on this permission unless notified.

Signature

Date

BACKGROUND CHECK:

The Defiance County Citizens Corps Council requires that all local Citizen Corps programs should undergo a background check. This is done for safety and security concerns of all citizens of the county and is not meant to be an intrusion. **You may opt out of this without affecting your status as an MRC volunteer.** Feel free to call Jamie Blank at the Volunteer Connection (419-782-3212) if you have any questions.

_____ Yes, I agree to have my background checked.

_____ No, I am opting out of having my background checked and it will not affect my MRC status.

CREDENTIALS VERIFIED:

I give my permission to have my credentials verified.

Signature

Date

STATE OF OHIO DATA BASE:

I give my permission to have my name added to the State of Ohio Data Base for liability purposes.

Signature

Date

Please return completed application to: Cheryl Kehnast, LSW, RN
Defiance County Health Department
1300 East Second Street
Suite 100
Defiance, Ohio 43512

Defiance County Medical Reserve Corps

CODE OF CONDUCT

All volunteers of the Defiance County Medical Reserve Corps in delivering volunteer services and in all other Medical Reserve Corps activities shall meet the following standards of conduct.

No volunteer shall:

- A. Authorize the use of or use for the benefit or advantage of any person, the name, emblem, endorsement, services, or property of the Medical Reserve Corps.
- B. Accept or seek on behalf of any person, any financial advantage or gain of other than nominal value offered as a result of the Volunteer or staff member's affiliation with the Medical Reserve Corps.
- C. Publicly utilize any Medical Reserve Corps affiliation in connection with the promotion of partisan political, religious matters, or positions on any issue not in conformity with official position of the Medical Reserve Corps.
- D. Disclose any confidential Medical Reserve Corps information that is available solely as a result of the volunteer or staff member's affiliation with the Medical Reserve Corps to any person not authorized to receive such information or use to the disadvantage of the Medical Reserve Corps any such confidential information, without express authorization of the Medical Reserve Corps.
- E. Knowingly take any action or make any statement intended to influence the conduct of the Medical Reserve Corps in such a way as to confer any financial benefit on any person, corporation, or entity in which the individual has significant interest or affiliation.
- F. Operate or act in any manner that is contrary to the best interest of the Medical Reserve Corps.
- G. No Volunteer shall self-deploy.

**Defiance County
Medical Reserve Corps**

CODE OF CONDUCT

Certification

I, _____, a volunteer for the Defiance County Medical Reserve Corps have read and understand the Code of Conduct of the Medical Reserve Corps and agree to comply with the code as it is set forth in the attached document.

(Signature)

(Date)