



Nassau County Department of Health  
200 County Seat Drive  
Mineola, NY 11501  
Phone: 516-227-9627 Fax: 516-227-9610  
Email: NCMRC@nassaucountyny.gov



## Medical Reserve Corps Volunteer Application

PERSONAL INFORMATION – Please Print Clearly		
Last Name	First Name	Middle Name
Street Address	City/State	Zip
Home Phone (Primary/Secondary)	Cell Phone (Primary/Secondary)	Cell Phone Carrier
Primary Email Address	Alternate Email Address	
Date of Birth	Driver License Number and Class ( <u>Attach Copy</u> )	Social Security #
Emergency Contact Name	Relationship	Phone Number

PROFESSIONAL LICENSURE & CERTIFICATION (If applicable)	
Primary License/Certification	License/Certification Number
Secondary License/Certification	License/Certification Number
Specialties (Pediatrics, Cardiology, ED, etc.):	Length in Specialty:

STUDENT STATUS (If applicable)		
School	Program/Course of Study/Degree	Expected Graduation Date

EMPLOYMENT INFORMATION (If self employed, list company name or “self employed”)		
Employer/Business Name	Department	Title/Position
Street Address	City/State	Zip
Phone		

**ADDITIONAL CERTIFICATES and/or TRAININGS** Attach copies of any additional relevant certifications or skills.

Program	Accrediting Agency	Expiration/Certification Date

**SECOND LANGUAGES** (Including American Sign Language.)

Language	Speaking Level of Fluency	Reading/Writing Level of Fluency
	Excellent      Fair      Poor	Excellent      Fair      Poor
	Excellent      Fair      Poor	Excellent      Fair      Poor

**PHYSICAL ASSESSMENT**

Are you able and willing to wear personal protective equipment, including N95 respirators? (circle one)	Yes	No		
Your overall physical health is (circle one)	Excellent	Good	Fair	Poor

**How Did You Hear About The MRC?**

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**STATEMENT AND ACKNOWLEDGEMENT BY APPLICANT:**

All of the information that I have supplied is correct to the best of my knowledge. I do hereby give the Nassau County Department of Health (NCDOH) permission to inquire into my educational background, references, driving record, present and previous employment, licenses, certifications, and police record. I further give permission to the holder of any such records to release the same to the NCDOH. I hold the NCDOH harmless of any liability, whether civil or criminal, which may arise as a result of the release of the information about me. I also hold harmless any individual agency, business or corporation that provides information to the NCDOH. If approved, I understand and acknowledge that the NCDOH reserves the right to revoke or rescind my NCDOH MRC status at any time.

I understand that I am a volunteer and will not be paid for any of my services.

I give permission for the NCDOH to release personal information to local, state and federal emergency management agencies and other Health and Human Service agencies as needed.

I further give permission for the NCDOH to take and use photographs, videos, and/or digital images – without compensation - for publications or presentations which it deems desirable for Public Health purposes.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Application Date

*Return application with a copy of your professional licenses, certifications and driver license.*



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