

**PIERCE COUNTY MEDICAL RESERVE CORPS –  
EXPLORER POST #647**

**MEDICAL EXPLORERS  
PRIMARY APPLICATION**



*Our Best Today for a Better Tomorrow*

**Primary Application Deadline:**

July 31<sup>st</sup>, 2018



*Prepared, Effective, Responsive, Competent*

**MEDICAL EXPLORERS  
Pierce County Medical Reserve Corps**

3629 S. D Street  
Tacoma, WA 98418

If you have specific questions related to the application process you may  
email [mrc@tpchd.org](mailto:mrc@tpchd.org)

[http://piercecounnymrc.org/?page\\_id=273](http://piercecounnymrc.org/?page_id=273)

**PIERCE COUNTY MEDICAL RESERVE CORPS – EXPLORER POST #647**

**Medical Explorers**

**Primary Application**

**Please complete and turn in the Primary Application on p. 5-6 for review.**

**\*There will be a secondary application that will be due at the first Medical Explorer meeting and will be sent to you with the acceptance email.**

**Primary Application due date is July 31<sup>th</sup>, 2018**

**Primary Application Checklist:**

- General Application (p. 3)
- Inquiry Questions (p. 4)
- School Reference Contact (p. 4)
- Essay (p. 5)
- Academic Resume (p. 5)
- Certificate of Immunization Status (Copy of your school record) (p. 5)
- Consent to Participate (p. 6)
- Signature on all documents

**Orientation**

- ☐ Once your application has been reviewed and accepted, you will be contacted to confirm the orientation date.
- ☐ Mandatory attendance at a volunteer orientation is required.

**Please Print out and Sign all Documents and attach all the requested forms.**

**Submit application to:**



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**Pierce County Medical Reserve Corps**  
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# Medical Explorer General Application

(Please legibly print all responses)

Full Name	Date of Birth MM/DD/YYYY	Male	Female

Address			
City/Zip	Preferred Phone		Cell Phone
Preferred Email			
Grade in Fall 2018		School Name:	

<b>In Case of Emergency</b> Please notify (Parent/Guardian – Local area only)			
Name		Relationship	
Preferred Phone		Cell Phone	
Preferred Email			

Who referred you to the Pierce County Medical Explorer program? Please circle <b>one</b> .				
Self-Referred	Relative	Teacher	School Counselor	Friend
School Nurse	Poster	Website	Other:	

**Shirt Size:** Please circle

Small                  Medium                  Large                  XLarge



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**PIERCE COUNTY MEDICAL RESERVE CORPS – EXPLORER POST #647**

**Medical Explorers**



**PLEASE ATTACH THE FOLLOWING TO YOUR APPLICATION:**

- A 500 word typed essay “Why I want to be a Medical Explorer & what I hope to get from the program.”
- Academic Resume (to include summary of school coursework, school activities, extra-curricular activities).
- Copy of your immunization record from your school.

**Immunization Verification:**

Submit a copy of your immunization record with the application.

**Please Print out and Sign all Documents and attach all the requested forms.**

**Submit application to:**



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# Medical Explorer Consent to Participate



*If accepted as a Medical Reserve Corps volunteer and/or Medical Explorer, I agree that:*

- I shall hold as absolutely confidential all information, whether oral or written, that I may obtain, directly or indirectly, through my participation in the Medical Reserve Corps/Medical Explorer Scouts concerning it or partner organization/agency operations, patients, visitors, physicians, and other personnel. Additionally, I will not attempt to take unauthorized photographs or solicit an autograph.
- My services are donated to the Medical Reserve Corps without expectation of compensation or future employment and are given for educational reasons. I realize I am never required to perform any service, which I am uncomfortable doing, or for which I have not been properly trained.
- I shall not sell or attempt to sell goods or services, require contributions, or solicit persons to sign or distribute political petitions to PCMRC/Medical Explorer Scout members.
- Immunization for MRC/Medical Scout Troop members under the age of 18 must be current and meet requirements for high school students in Washington State.
- I shall report on time and conduct myself with dignity, courtesy, and consideration of others. I understand that my appearance while on duty must be neat and clean. I shall wear the uniform designated by the Medical Reserve Corps (for MRC Youth Members) designated by MRC Leadership, and Medical Explorer Scout post leadership along with my name badge while on duty at all times.
- I shall resolve all problems related to my Medical Reserve Corps activity with adult MRC advisors (Medical Explorer Scout Post members shall resolve issues with Post advisors).
- I shall at all times uphold the philosophy and standards of the Medical Reserve Corps and comply with all policies, rules, and regulations of Medical Reserve Corps.

## Pierce County Medical Explorer Post Members

*In addition to the above listed rules and requirements I shall:*

- Make my best effort to fulfill my commitment to the Medical Reserve Corps by attending all sessions, and **not have more than two absences** from regular post meetings.
- Provide **10 hours of volunteer service** to the Medical Reserve Corps in support of community events/activities.
- Uphold the philosophy and standards of PCMRC and comply with all policies, rules, and regulations of PCMRC and MRC Medical Explorer Scout program.

*I understand that PCMRC reserves the right to terminate my membership status with the MRC Medical Explorer Scout program as a result of:*

- ✓ Failure to comply with PCMRC policies, rules, and regulations
- ✓ Two unexcused absences
- ✓ Any other circumstances which, in the judgement of the adult Post Advisor would make my continued service contrary to my best interests or those of the PCMRC.

I have read and understand the contents of this form. If accepted as a Medical Reserve Corps Volunteer participant and/or Medical Reserve Corps Medical Explorer, I agree to follow all of the above provisions.

\_\_\_\_\_  
**Medical Reserve Corps Candidate and/or Medical Explorer Signature**

\_\_\_\_\_  
**Date**

*I agree to my child's participation in the Pierce County Medical Reserve Corps and/or Medical Explorer Program.*

\_\_\_\_\_  
**MRC Candidate and/or Medical Explorer Parent/Guardian Signature**

\_\_\_\_\_  
**Date**