



Dear Potential Medical Reserve Corps Volunteer,

Thank you for your interest in volunteering with the Pierce County Medical Reserve Corps! Our unit is quickly growing thanks to individuals such as you who are willing to donate their valuable time and expertise to such an important cause.

In the event of a major disaster, our clinics and hospitals will be quickly overwhelmed. Our volunteers, both with medical, mental health and non-clinical backgrounds, are trained to assist in mitigating this problem. We believe preparing for health emergencies is an important part of keeping our community safe, and we rely on people within our community to carry out this mission!

Please print and fill out the application. Any box outlined in red indicates a required field. Sign the forms where indicated (Volunteer Application, WSP Background Check, Applicant Disclosure, Emergency Worker Registration Card, Confidentiality Agreement, and Image Release). Then mail the complete packet with a legible copy of your driver's license to the address on the bottom of this letter or fax them to (253) 798 – 7627. You can also make a pdf of the documents and email them to mrc@tpchd.org.

Once we have received your application, you will be contacted to schedule a short (15 minute) phone interview. The interview is intended to capture information regarding your availability and expectations as a volunteer, and allow you the time to ask me any questions. New Volunteer Orientation will follow, where you will learn much more about the MRC. In addition you must complete two FEMA online training courses (IS-100 and IS-700) before you can be registered with the State as an emergency worker.

Thanks again for your interest. If you have any questions, I can be reached at (253) 798 - 3566 or mrc@tpchd.org. I look forward to working with you!

Sincerely,

Michelle Campbell

MRC Volunteer Coordinator

Volunteer Application



I. Personal Contact Information

Last Name: _____ First Name: _____ M.I. _____

Home Address: _____ City: _____ State: _____ ZIP: _____

Home Phone: _____ Cell Phone: _____ E-Mail: _____

Emergency Contact Name: _____ Phone: _____ Relation: _____

II. Work Contact Information

Occupation: _____ (check one) Full Time Part Time Student Retired

Place of Work: _____

Work Address: _____ City: _____ State: _____ ZIP: _____

Work Phone: _____ Cell Phone: _____ E-Mail: _____

III. Personal Information

Sex: _____ Date of Birth: _____ Height: _____ Weight: _____ Race: _____

Blood type: _____ Hair color: _____ Eye Color: _____ Religion (if applicable): _____

Can you lift 20 pounds? Yes No Can you walk one mile and stand for one hour? Yes No

Do you have any health issues or physical limitations that may affect your ability to volunteer? Yes No

If yes, please list them here.

IV. Medical History and Information

Primary Care Physician (PCP): _____ PCP Phone: _____

Insurance: _____ Policy Number: _____

Do you have any of the following chronic health conditions? (Check all that apply)

Hypertension Diabetes Heart Asthma

Back Problems Epilepsy/fainting Arthritis Other:

Severe Allergy: If so, to what? _____

Are you currently taking any medications? Please list them.

V. Medical Licenses, Skills and Experience

1. Are you licensed in any health field? Yes No If yes, what license do you hold? _____
If applicable, what is your area of practice / specialty? _____
2. Are you CPR certified? Yes No Expires: _____
3. Are you First Aid certified? Yes No Expires: _____
4. Are you AED certified? Yes No Expires: _____
5. Have you ever worked in disease outbreak investigations? Yes No
6. Have you been trained to give injections? Yes No If yes:
Do you have experience giving: *(check all that apply)* Intramuscular Subcutaneous Intradermal
Do you have experience giving injections to: *(check all that apply)* Adults Children Infants
7. Have you been trained to draw blood? Yes No If yes:
Do you have experience drawing blood from: *(check all that apply)* Adults Children Infants
8. Do you have experience giving smallpox vaccinations? Yes No
9. Do you already volunteer with a health care facility or disaster response organization? Yes No
-

VI. Other Licenses, Skills and Experience

1. Have you completed the following Incident Command System trainings: *(If YES, please attach a copy of completion certificate)*
ICS 100? Yes No ICS 700? Yes No ICS 200? Yes No
2. Do you have a valid driver's license? Yes No
What is your driver's license number? _____ Are you an organ donor? Yes No
3. Do you have a valid commercial driver's license? Yes No
4. Have you ever supervised staff or volunteers? Yes No
If yes, how many and in what capacity?

5. Do you have an Amateur Radio License? Yes No If yes, what is your call sign? _____

6. Do you speak any languages other than English? Yes No If yes, include the language and skill level.

Language Spoken

Level of Fluency (check one)

Read and write

_____ Poor Fair Excellent Yes No

_____ Poor Fair Excellent Yes No

_____ Poor Fair Excellent Yes No

7. Please describe any other skills (i.e. photography, organization skills, writing skills, bookkeeping, etc.) you have that may be valuable during disease outbreaks or health emergencies.

VII. Expected Involvement

Volunteer involvement in the MRC is flexible and mainly determined on an individual volunteer basis. Please indicate the level of which you intend to be involved with the MRC. This will not automatically include or exclude you from any of our trainings and activities, and can be changed at any time. Primarily, we would like to make sure that we understand and meet your expectations and goals as a volunteer. Please check one of the following:

- Level One: I expect to be an active and enthusiastic member of the MRC. I expect to be involved in both emergency preparedness activities and community outreach efforts. I expect to attend most meetings and training opportunities.
- Level Two: I expect to be enthusiastic and moderately active. I expect to attend several meetings and trainings a year, and may volunteer for an activity or two.
- Level Three: I expect to fulfill the basic requirements of the MRC and only be involved in the event of a disaster.

*Please note that regardless of your level of involvement, all volunteers will receive routine emails and the quarterly newsletter.

VIII. Volunteer Preferences

1. Where are you willing to volunteer? (*check all that apply*)

Pierce County Western Washington Statewide Nationally

2. For how long are you willing to deploy?

Up to 1 day Up to 3 days Up to 1 week 2 weeks or more

3. In addition to emergency preparedness, would you be interested in volunteering for community outreach events?

Yes No

4. May we share your information with the State of Washington?

Yes No

VIII. Volunteer Consent

I certify that the above information is correct, and I give permission to TPCHD/Pierce County MRC to inquire into my personal and work contact information, licensure, certifications, vaccine history and personal health.

I understand that all the information I've provided will be held confidential to the fullest extent of the law with the Pierce County Medical Reserve Corps and is restricted for use by the Pierce County Medical Reserve Corps and partner organizations.

I understand that I am not giving up any legal rights by volunteering in the Medical Reserve Corps and have the opportunity to ask questions and to cease volunteering at any time.

Signature: _____

Date: _____

**Please submit a legible copy of driver's license with this application to:
Pierce County MRC Coordinator. 3629 S D St MS 1095-331, Tacoma WA 98418. Fax: 253-798-7627**

WASHINGTON STATE PATROL



Identification and Criminal History Section
PO Box 42633, Olympia WA 98504-2633

REQUEST FOR CRIMINAL HISTORY INFORMATION CHILD/ADULT ABUSE INFORMATION ACT RCW 43.43.830 THROUGH 43.43.845

(Instructions on Reverse Side)

<p>A REQUESTING AGENCY/ADDRESS</p> <p>Pierce County Medical Reserve Corps Agency</p> <p>MRC Coordinator Attn</p> <p>3629 South D Street MS 1095-331 Address</p> <p>Tacoma, WA 98418 City/State/Zip</p> <p>I certify this request is made pursuant to and for the purpose indicated.</p> <p>_____ Authorized Signature Date</p> <p>MRC Coordinator (253) 798 - 3566 Title Area Code/Phone Number</p>	<p>B PURPOSE Check appropriate box</p> <p><input type="checkbox"/> Educational School District (ESD)/School District Volunteer – no fee</p> <p><input type="checkbox"/> Non-Profit Business/Organization – no fee (Excluding Schools & ESD's)</p> <p><input type="checkbox"/> Profit Business/Organization - \$17</p> <p><input type="checkbox"/> Adoptive Parent - \$17</p> <p><input type="checkbox"/> Receive results electronically</p> <p>Email address _____</p> <p>Password _____ (must be at least 8 characters)</p> <p>Fees: Make payable to Washington State Patrol by check, money order, or business account.</p> <p>Notary letters certifying the results are available upon request. There is an additional \$5.00 processing fee per notary seal.</p> <p>_____ Notarized Letter(s)</p>
--	---

C APPLICANT OF INQUIRY (Please provide as much information as possible; name and date of birth are mandatory.)

Applicant's Name: _____
Last First Middle

Alias/Maiden Name(s): _____

Date of Birth: _____ Sex: _____ Race: _____
Month/Day/Year

Secondary dissemination of this criminal history record information response is prohibited unless in compliance with statute.

D WASHINGTON STATE PATROL IDENTIFICATION & CRIMINAL HISTORY SECTION

WSP Use Only

As of this date, the applicant named below has no record pursuant to RCW 43.43.830 through 43.43.845.

Pierce County Medical Reserve Corps
Requesting Agency

Applicant's Signature

Applicant's Name

Address

City/State/Zip

Applicant Right Thumb Print (Optional)

**FOR FURTHER INFORMATION, CONTACT THE WASHINGTON STATE PATROL AT:
PHONE: (360) 534-2000
E-MAIL: watch.help@wsp.wa.gov
WSP WEB SITE: <http://www.wsp.wa.gov>**

Washington State conviction criminal history record information is available on the Internet using WATCH (Washington Access to Criminal History). You may use an account established by mail or conduct a search using a credit card (Discover, American Express, Visa, or MasterCard). An account application can be printed by accessing WATCH "HELP" files on the Internet. A \$10 fee is charged for each name and date of birth search, regardless of the outcome.
WATCH WEB SITE: <https://watch.wsp.wa.gov>

CHILD/ADULT ABUSE RECORD SEARCH GUIDELINES

Refer to Revised Code of Washington (RCW) 43.43.830-43.43.845 for complete information. Child/Adult Abuse Information Act background checks may be conducted by Washington State businesses, organizations, or individuals. Other states must conduct searches under the Criminal Records Privacy Act, RCW 10.97.

1. *Searches can be conducted only on prospective employees, volunteers, or adoptive parents.*

Background checks can be conducted on prospective employees, volunteers, or adoptive parents who will or may have unsupervised access to children under sixteen years of age, developmentally disabled persons, or vulnerable adults. The background check is for initial employment or engagement decisions only.

Background checks on current employees or volunteers should be done through the Criminal Records Privacy Act, RCW 10.97

2. *Applicants must be notified an inquiry may be made.*

A business or organization shall not make an inquiry to the Washington State Patrol unless the business or organization has notified the applicant, who may be offered a position as an employee or volunteer, that an inquiry may be made.

3. *A business or organization must prepare a disclosure statement to be signed by the applicant before a background check may be conducted.*

A business or organization shall require each applicant to disclose whether the applicant has been:

- (a) convicted of any crime;
- (b) had findings made against him or her in any civil adjudicative proceeding;
- (c) has both a conviction and findings made against him or her.

4. *Applicants must be notified of the response.*

The requesting agency shall notify the applicant of the Washington State Patrol's response within ten days after receipt. The employer shall provide a copy of the response to the applicant and shall notify the applicant of such availability.

NOTE: The requested record information is furnished solely on the basis of name and/or description similarity with the subject of your inquiry. Positive identification or non-identification can only be effected upon receipt of fingerprints.

APPLICANT DISCLOSURE, PURSUANT TO RCW 43.43.834 CHILD AND ADULT ABUSE INFORMATION ACT

Processing Information

A Criminal Background Check will be processed by our agency in accordance with RCW 43.43 - Child and Adult Abuse Information Act. Applicants will be provided a copy of the record within 10 days after our agency receives it from the State Patrol(s). Our agency will disseminate the information only to those within our agency who are involved in the hiring decision. Applicants can be employed on a conditional basis pending the completion of the Criminal Background Check.

Instructions

Applicants are to answer YES or NO to each question listed below. If the answer is YES to any question listed, the applicant must explain in the area provided, indicating whether the charges are still pending, have been dismissed, or led to a conviction; the applicant must also indicate the findings date and the court(s) and/or disciplinary board involved.

1. Have you ever been convicted of any crimes against children or other persons, as follows: aggravated murder; first or second degree murder; first or second degree kidnapping; first, second, or third degree assault; first, second or third degree rape; first, second, or third degree rape of a child; first or second degree robbery; first degree arson; first degree burglary; first or second degree manslaughter; first or second degree extortion; indecent liberties; incest; vehicular homicide; first degree promoting prostitution; communication with a minor; unlawful imprisonment; simple assault; sexual exploitation of minors; first or second degree criminal mistreatment; child abuse or neglect as defined in RCW 26.44.020; first or second degree custodial interference; malicious harassment; first, second, or third degree child molestation; first or second degree sexual misconduct with a minor; patronizing a juvenile prostitute; child abandonment; promoting pornography; selling or distributing erotic material to a minor; custodial assault; violation of child abuse restraining order; child buying or selling; prostitution?

ANSWER _____ IF YES, EXPLAIN BELOW:

2. Have you ever been convicted of crimes relating to the financial exploitation if the victim was a vulnerable adult, as follows: first, second, or third degree extortion; first, second, or third degree theft; first or second degree robbery; forgery?

ANSWER _____ IF YES, EXPLAIN BELOW:

3. Have you ever been found in any dependency action under RCW 13.34.030 (2) (b) to have sexually assaulted or exploited any minor or to have physically abused any minor?

ANSWER _____ IF YES, EXPLAIN BELOW:

4. Have you ever been found in any domestic relations proceeding under Title 26 RCW to have sexually abused or exploited any minor or to have physically abused any minor?

ANSWER _____ IF YES, EXPLAIN BELOW:

5. Have you ever been found in any disciplinary board final decision to have sexually or physically abused or exploited any minor or developmentally disabled person or to have abused or financially exploited any vulnerable adult?

ANSWER _____ IF YES, EXPLAIN BELOW:

6. Have you ever been found in any protection proceeding under chapter 74.34 RCW, to have abused or financially exploited a vulnerable adult?

ANSWER _____ IF YES, EXPLAIN BELOW:

Pursuant to RCW 9A.72.085, I certify under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

Applicant Name: _____

Applicant Signature: _____

Date: _____

Place/Location: Office of Human Resources

Witness Name: _____

Witness Signature: _____

Business or Organization: Tacoma-Pierce County Health Department
3629 South D Street, Tacoma, WA 98418-6813

TACOMA-PIERCE COUNTY HEALTH DEPARTMENT

EMERGENCY WORKER REGISTRATION PROCEDURES

1. AUTHORITY:

Registration is a prerequisite for eligibility of emergency workers for benefits and legal protection under chapter [38.52](#) RCW.

(1) Emergency workers shall register in their jurisdiction of residence or in the jurisdiction where their volunteer organization is headquartered by completing and filing an emergency worker registration card, Form EMD-024 or equivalent, with the local emergency management agency. (WAC 118-04-080)

2. PROCEDURES:

- a. Each individual who wishes to be registered as an emergency worker with the Tacoma-Pierce County Health Department must fill out a Washington State Emergency Worker Registration Card (Form EMD-024). The information provided on this card will be used by the Washington State Patrol to conduct a Criminal History and Driving Record background check. The information determined during this background investigation will be used to determine the suitability for issue of a Washington State Emergency Worker Registration Card. (WAC 118-04-080 (a)).
- b. Failure to truthfully respond to the statements set forth in the certificate in paragraph 3 below may result in denial of a Washington State Emergency Worker Identification card. (WAC 118-04-080)
- c. Upon satisfactory results from the background check, the issued card will be valid for three years. At the end of two years, a new application must be made in order to receive an up-dated card. The same Pierce County Emergency Worker number will be re-issued. (WAC 118-04-080)
- d. If a volunteer card expires and is not renewed within ninety days, the volunteer will be dropped from the rolls. Volunteers with an expired card will not be afforded protection and reimbursement as described under RCW 38.52 and WAC 118.04.080.
- e. Temporary registration of volunteers may be accomplished for short durations if they have filled out a temporary registration card which includes name, date of birth and address. (WAC 118-04-080) Registrants will not be issued an identification card but will be afforded the same protection under RCW 38.52 and WAC 118.04 as a fully registered volunteer.
- f. An employee of the state or of a political subdivision of the state who is required to perform emergency duties as a normal part of their job shall be considered as registered with the local emergency management agency in the jurisdiction in which they reside. (WAC 118-04-080)
- g. When such individuals are outside the jurisdiction of their employment during a disaster or emergency, except when acting under the provisions of a mutual aid agreement, they should report to the on-scene authorized official and announce their capabilities and willingness to serve as a volunteer during the emergency or disaster. These individuals will be afforded the same protection as all other emergency workers. (WAC 118-04-080)

3. **CERTIFICATE**

I (please print your name) _____ certify that:

- I am in adequate physical condition to carry out the emergency worker assignment given to me and that I am not subject to any medical problems or other infirmity of body or mind, except as noted on the Emergency Worker Registration Card (EMD-024), which might render me unfit to carry out my emergency assignment.
(WAC 118-04-120)
- I will not use any liquors, narcotics or controlled substance nor will I have in my possession any concealed weapon while engaged in emergency worker activities unless authorized by the Incident Commander.
(WAC 118-04-200)
- I have reported on my background check form all crimes of which I have been convicted. I understand that the final determination for issuance of Washington State Emergency Worker Identification card will be at the discretion of the Tacoma-Pierce County Health Department Director of Health as the Director of Emergency Management designee and/or the Washington State Patrol or designee. I also understand that the Director of Health as the Director of Emergency Management designee or the Washington State Patrol or designee may withdraw or suspend my Emergency Worker Card and Identification Number at any time and at their discretion. (WAC 118-04-080)
- I understand that I will have to successfully complete the IS-100.b and IS-700.a NIMS courses. I will also provide a copy of my FEMA IS-700 NIMS certification to the Tacoma-Pierce County Health Department. No Washington State Emergency Worker Identification Card will be issued until I complete this process.
- I hereby give permission for the Tacoma-Pierce County Health Department and/or the Washington State Patrol to conduct a criminal history background check and also obtain an abstract of my driving record.

Signed _____ Date _____
(Applicant)

Approved on this

_____ day of _____,

(Director of Health)

Medical Reserve Corps

Confidentiality Agreement

I understand that I may have access to confidential patient information and confidential information about the business and financial interests of Tacoma-Pierce County Health Department (referred to as “Confidential Information” in this Agreement). I understand that Confidential Information is protected in every form, such as written records and correspondence, oral communications, and computer programs and applications.

I agree to comply with all existing and future Tacoma-Pierce County Health Department policies and procedures to protect the confidentiality of Confidential Information. I agree not to use, copy, make notes regarding, remove, release, or disclose Confidential Information, unless it is permitted by Tacoma-Pierce County Health Department policy.

I agree not to share or release any authentication code or device, password, key card, or identification badge to any other person, and I agree not to use or release anyone else’s authentication code or device, password, key card, or identification badge. I agree not to allow any other person, except those authorized by Tacoma-Pierce County Health Department, to have access to Tacoma-Pierce County Health Department’s information systems under my authentication code or device, password, key card, or identification badge. I agree to notify the appropriate administrator immediately if I become aware that another person has access to my authentication code or device, password, key card, or identification badge, or otherwise has unauthorized access to Tacoma-Pierce County Health Department’s information system or records.

I agree that my obligations under this Agreement continue after my time as a volunteer ends.

I agree that, in the event I breach any provision of this Agreement, Tacoma-Pierce County Health Department has the right to reprimand me or suspend or terminate my volunteer status with or without notice at the discretion of Tacoma-Pierce County Health Department and that I may be subject to penalties or liabilities under state or federal laws. I agree that, if Tacoma-Pierce County Health Department prevails in any action to enforce this Agreement, Tacoma-Pierce County Health Department will be entitled to collect its expenses, including reasonable attorney’s fees and court costs.

Volunteer Name

Volunteer Signature

Date



**RELEASE FOR PUBLICATION OF PHOTOGRAPH
AND/OR VIDEO RECORDING**

I certify that I am over 18 years of age. I hereby grant to Pierce County an irrevocable, non-exclusive, worldwide, royalty-free, fully paid-up and perpetual license and right to use, reproduce, modify, distribute, publicly perform, broadcast and display photographs and/or video recordings of me, or in which I may be included, for any purpose and in any manner or medium, without any restrictions or limitations.

I hereby waive and release Pierce County, its officials, officers, agents and employees from any and all rights and claims I may have relating to said photographs and video recordings. I understand that I will not receive compensation from Pierce County for said photographs and video recordings.

Name (please print): _____

Signature: _____ Date: _____