



GENESEE COUNTY HEALTH DEPARTMENT
 3837 West Main Street Rd.
 Batavia, NY 14020
 (585) 344-2580 x5555

ORLEANS COUNTY HEALTH DEPARTMENT
 14016 State Route 31, Suite 101
 Albion, NY 14411
 (585) 589-3278

GO Health VALOR MRC

Genesee and Orleans County Health Departments
 Volunteer Alliance Linking Our Resources – Medical Reserve Corps

VOLUNTEER APPLICATION

ACTIVE membership requires:

- Completion of this application, also found online at https://www.surveymonkey.com/r/MRC_Application or here:
- Creating a ServNY account
- Completing 2 online trainings (ICS 100 and psychological first aid)
- Attending an in-person refresher/orientation session at least once every 3 years.



A GO Health VALOR MRC photo ID badge will be issued once you first become active. Past participants in good standing are LEGACY members. Thank you for your service!

Full name with any degrees:	
Preferred email(s): <i>(please include all emails you would like to receive MRC alerts or notices on)</i>	
Preferred phone (Cell? <input type="checkbox"/> yes <input type="checkbox"/> no): ()	Optional alternate phone (Cell? <input type="checkbox"/> yes <input type="checkbox"/> no): ()
Current occupation or title (for retired put "retired"):	Date of birth: <i>(mm/dd/yyyy)</i>
Any Agency Affiliations:	
Home address:	
Mailing address (if different from above):	
Which county(ies) would you like to volunteer in? <input type="checkbox"/> Genesee <input type="checkbox"/> Orleans <input type="checkbox"/> Both	

Emergency Contact:

In emergency, notify: Name _____

Relationship _____ Phone (____) _____

Volunteer Agreements and Consents:

- I verify that I have not been convicted of a felony. I further verify that within the last five (5) years, I have not been convicted of a misdemeanor that resulted in imprisonment. If I HAVE, I will submit a separate explanation with this application detailing the circumstances. If these statements are incomplete or untrue, I understand that my volunteer assignment will be terminated.
- I understand that GO Health and affiliated agencies reserve the right to perform driver's license, reference, Medicaid/Medicare exclusion screening, police record, or criminal background checks.
- I understand that photos taken of me while volunteering may be used for publicity purposes, including social media. I grant GO Health, including either Genesee or Orleans County Health Departments, permission to use my likeness in a photograph in any and all publications, including website entries, without payment or any other consideration. I understand and agree that these materials will become the property of GO Health and will not be returned. However, should I for any reason object to a specific image of me being used for publicity or social media, I will submit a written request for removal to the Unit Leader or Deputy Leader, and anticipate removal of the image on platforms maintained by GO Health at the discretion of GO Health.
- I consent to be included on the GO Health VALOR MRC listserve, as well as to receive communications and alerts through other means related to my volunteer interests. I may change or withdraw my listserve participation at any time.

Your signature (or full name typed): _____

Date: _____

Experience: Please check and give short description as appropriate.		
<input type="checkbox"/> Any past medical, healthcare, public health, or social service experience?		
<input type="checkbox"/> Any past or current licensures related to experience above?		
Professional License Type:	State Issued & Number:	Expiration Date:

Any other professional experience related to community service?

Any particular areas of interest related to community service?

Skills & Training: Please check wherever you have professional skills with training, checking “Yes” or “No” if current.

<input type="checkbox"/> First Aid If yes, expiration: _____	<input type="checkbox"/> CPR If yes, expiration: _____	<input type="checkbox"/> AED If yes, expiration: _____
<input type="checkbox"/> Data Entry	<input type="checkbox"/> CB or Ham Radios	<input type="checkbox"/> Driving/Transportation
<input type="checkbox"/> Traffic Control	<input type="checkbox"/> Search & Rescue	<input type="checkbox"/> Construction
<input type="checkbox"/> Child Care	<input type="checkbox"/> Food Preparation	<input type="checkbox"/> Chaplain/Pastoral Care
<input type="checkbox"/> Firefighting	<input type="checkbox"/> Law Enforcement	<input type="checkbox"/> Mental Health

Potential Interests: Please check the activities for which you would like to receive further information and communication.

Free preparedness safety trainings (CPR, First-Aid, Narcan, etc.)

Volunteer service for Health Dept. rabies clinics (any of the regular 4-5 clinics each year per county for dogs, cats, and ferrets)

Volunteer service to support emergency response efforts (such as outreach and clinics for infectious disease testing or immunizations)

Community service projects coordinated by the Health Dept. (TBD)

Other service projects coordinated by MRC partner agencies (as needed)

Do you have any allergies or sensitivities we should know about?

NO

YES:

Do you have any disabilities or access and functional needs that we could help accommodate?

- NO
- YES:

Do you have any experience helping others with disabilities or access and functional needs?

<input type="checkbox"/> Walking limitation assistance	<input type="checkbox"/> Wheelchair assistance	<input type="checkbox"/> Wheelchair transport
<input type="checkbox"/> Dementia assistance	<input type="checkbox"/> Other cognitive ability assistance	<input type="checkbox"/> Hygiene assistance
<input type="checkbox"/> Other:		

Are you proficient in any non-English languages (including sign language):

LANGUAGE:	Proficiency Level:			
	<input type="checkbox"/> Fluent	<input type="checkbox"/> Professional use	<input type="checkbox"/> Working Use	<input type="checkbox"/> Basic
	<input type="checkbox"/> Fluent	<input type="checkbox"/> Professional use	<input type="checkbox"/> Working Use	<input type="checkbox"/> Basic
	<input type="checkbox"/> Fluent	<input type="checkbox"/> Professional use	<input type="checkbox"/> Working Use	<input type="checkbox"/> Basic
	<input type="checkbox"/> Fluent	<input type="checkbox"/> Professional use	<input type="checkbox"/> Working Use	<input type="checkbox"/> Basic

Between the following 3 categories, how would you rank your personal activity level?

<input type="checkbox"/> Low	<input type="checkbox"/> Moderate	<input type="checkbox"/> Vigorous
Does not involve routine and extended periods of walking or other similar activity.	Involves routine and extended periods of walking, pushing or pulling objects less than 75lbs, carrying objects less than 50lbs, use of stairs, and tasks involving moderate effort with considerable use of arms, legs, or occasional total body movements.	Involves routine and extended periods of running, rapid movement, pushing or pulling objects more than 75lbs, lifting objects of 50lbs or more, or other tasks involving strenuous effort and extensive body movement.

What is your preferred size for MRC t-shirts, jackets, or identification vests?

- Small
- Medium
- Large
- XL
- XXL
- XXXL

Final steps:

1) Submit this application in-person or by emailing it to both david.bell@co.genesee.ny.us & cora.young@orleanscountyny.gov

2) If you have not done so already, create a ServNY account at <https://apps.health.ny.gov/pub/servny/> or with this QR code



3) Complete the trainings for Incident Command System (ICS 100) and introduction to psychological first aid (PFA), either online or at one of our in-person refresher/orientation sessions

ICS 100:



Intro to PFA:



4) See more information along with our annual schedule of training events at our website <https://gohealthny.org/phep> or with this QR code:



5) Please email any completed course certificates to both david.bell@co.genesee.ny.us & cora.young@orleanscountyny.gov along with copies of any relevant licenses or certifications

We look forward to seeing at any of our upcoming refresher/orientation sessions so that you can better get to know us and our goals, as well as review our MRC Policy Handbook! A digit photo will also be need at this time so that we can prepare your MRC ID badge. We look forward to getting to know you better, and to working with you!

Sincerely,

David Bell, MRC Unit Leader
Cora Young, MRC Deputy Unit Leader