



GO HEALTH MRC

Genesee and Orleans County Health Departments (GO Health)
Medical Reserve Corps (MRC)

Administrative Use Only: Codes: _____ Roles: _____ Certify Date: _____

Volunteer Application

ACTIVE membership requires:

- Review of this application, including credential and background checks
- Creating a ServNY account (www.health.ny.gov/ServNY)
- Completing 2 trainings (ICS 100 and psychological first aid)
- Attending an in-person refresher/orientation session at least once every 3 years

A GO Health MRC photo ID badge will be issued once you become active.

First name:	Middle name or initial:	Last name:
Current occupation or title:		Date of birth: (mm/dd/yyyy)
Any National Provider Identifier (NPI) Number:	Any Degree Credentials:	
Preferred email(s) for list serve: (please include a personal email in addition to any work email)		
Preferred phone (Cell? <input type="checkbox"/> yes <input type="checkbox"/> no): ()	Optional alternate phone (Cell? <input type="checkbox"/> yes <input type="checkbox"/> no): ()	
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 I have not been convicted of a misdemeanor that resulted in imprisonment. If I HAVE, I will not check this box, and will instead submit a separate explanation describing each circumstance, including dates and resultant penalties. If my statements are found to be incomplete or untrue, I understand my volunteer application or affiliation can be terminated. *(Any offenses adjudicated in juvenile court or under a youthful offender law should be omitted. Convictions will not necessarily disqualify you from service.)*
- ☐ I understand that GO Health and affiliated agencies reserve the right to perform driver's license, reference, Medicaid/Medicare exclusion screening, healthcare licensure or credential checks, 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 counties of either Genesee or Orleans, 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 any specific image of me, I will submit a written request for removal to the Unit Leader or Deputy Leader, and anticipate its removal at the discretion of GO Health.
- ☐ I consent to be included on the GO Health MRC listserve, as well as to receive communications and alerts through other means of participation.

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: Please check where you have professional experience or training.		
<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

Do you have any allergies or sensitivities we should know about?
<input type="checkbox"/> NO <input type="checkbox"/> YES:

Do you have any disabilities or access and functional needs that we could help accommodate?
<input type="checkbox"/> NO <input type="checkbox"/> 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

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 and any healthcare licenses or certifications to both david.bell@geneseeny.gov & cora.young@orleanscountyny.gov

2) Create a ServNY account associated with Genesee and/or Orleans at www.health.ny.gov/ServNY or with this QR code



3) Be on the lookout for any upcoming in-person refresher/orientation sessions, to be promoted by email or online at www.gohealthny.org/phep

