



# NORTHEAST MISSOURI MEDICAL RESERVE CORPS

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

(Mobile) \_\_\_\_\_ (Pager) \_\_\_\_\_

Email \_\_\_\_\_

Contact in an emergency: \_\_\_\_\_ Phone: \_\_\_\_\_

## I. Skills and Interests

Education: Degree \_\_\_\_\_ Institution \_\_\_\_\_ Dates attended \_\_\_\_\_

License(s) held: \_\_\_\_\_ Language(s) spoken fluently: \_\_\_\_\_

Hobbies, skills, and interests: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

## I. Experience (paid and volunteer, beginning with the most recent):

Position	Organization	Dates
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_____	_____	_____
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_____	_____	_____
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## II. Volunteering Preferences

Are you interested in a particular type of volunteer work? \_\_\_\_\_

\_\_\_\_\_

Availability (days and hours): \_\_\_\_\_

Do you have access to a vehicle that you can use for volunteer work? \_\_\_ Yes \_\_\_ No

Would you be interested in an out-of-state deployment? \_\_\_\_ Yes \_\_\_\_ No

How did you hear about our organization? \_\_\_\_\_

**III. References**

Give the names and contact information for three people (not relatives) who know you well and can attest to your character.

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**PLEASE FURNISH THE NEMO MRC WITH A COPY OF YOUR CERTIFICATE OR LICENSURE!**

Please mail to: NEMO Medical Reserve Corps  
Adair County Health Department  
1001 S. Jamison  
Kirksville, MO 63501  
Or email to: [stewar@lpha.mopublic.org](mailto:stewar@lpha.mopublic.org)

**IV. Verification and Consent for References and Background Check**

I verify that the above information is accurate to the best of my knowledge.

I give the Northeast Missouri Medical Reserve Corps permission to inquire into my educational background, references, licenses, police records, and employment and/or volunteer history. I also give permission to the holder of any such information to release it to the Northeast Missouri Medical Reserve Corps.

I hold the Northeast Missouri Medical Reserve Corps harmless of any liability, criminal or civil, that may arise as a result of the release of this information about me. I also hold harmless any individual or organization that provides any information to the above-named agency. I understand that the Northeast Missouri Medical Reserve Corps will use this information only as part of the verification of my volunteer application.

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Name (please print)

Social Security Number

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Signature

Date

**PRIVACY NOTICE:** The NEMO MRC will not sell or distribute your personal information to any outside entity. Team leaders and other members may have access to your information as necessary to fulfill our mission.