



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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_____	_____	_____
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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.

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

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.

Name (please print) _____ Social Security Number _____

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.