



Clayton County  
 Medical Reserve Corps  
 District 3-3, Clayton  
 685 Forest Pkwy  
 Forest Park, GA 30297  
 Telephone: 678-610-7246  
 Fax: 770-603-4874

# Volunteer Application

|   |                                |   |   |
|---|--------------------------------|---|---|
| <b>Name: First</b>  |                                | <b>Middle Initial</b>   | <b>Last</b>                               |
| <b>Street Address (Mailing)</b>   |                                | <b>M</b>  | <b>F</b>                                  |
| <b>City</b>   |                                | <b>State</b>  | <b>Zip</b>                                |
| <b>Home Phone</b>   | <b>Cell Phone</b>              | <b>Emergency contact person</b>   |   |
| <b>Email</b>  |                                | <b>Emergency contact number</b>   |   |
| <b>Type: Medical Professional:</b><br><input type="checkbox"/> Doctor<br><input type="checkbox"/> Nurse<br><input type="checkbox"/> Pharmacist<br><input type="checkbox"/> Other:   | <b>Non-Medical Occupation:</b> | <b>Do you have a valid driver's license?</b><br>Yes _____ No _____<br><br><b>State:</b> _____<br><b>License Number:</b> _____ |   |
| <b>For Licensed Professionals: Please complete and submit a copy of your license.</b><br><br><b>License #</b> _____ <b>State</b> _____  |                                | <b>Primary Language</b>   | <b>Secondary Languages: (Please List)</b> |
| <b>Level of Participation Desired: (check one)</b><br><input type="checkbox"/> <b>ACTIVE</b> Receives notifications of ALL training opportunities, training drills & exercises, emergency events, as well as non-emergency volunteer opportunities<br><input type="checkbox"/> <b>LIMITED</b> Receives only notification of training drills and exercises and all emergency events<br><input type="checkbox"/> <b>EMERGENCY ONLY</b> Receives notification of only major emergency events |                                |   |   |
| Have you ever been convicted of a felony? Yes__ No__      A misdemeanor (other than a traffic violation)? Yes__ No__<br><br><b>If yes, please explain:</b> _____  |                                |   |   |
| <b>A Criminal Background Check is required and will be submitted after your application has been accepted.</b>  |                                |   |   |
| I understand that any misrepresentation or omission of facts on this application may be cause for non-selection or dismissal.   |                                |   | <b>Date</b>                               |
| <b>Signature:</b>   |                                |   |   |

**\*\*You must also complete an online registration via the [WWW.SERVGA.GOV](http://WWW.SERVGA.GOV) website. Be sure to select Clayton County Medical Reserve Corps.**

I have completed the online registration via [www.servga.gov](http://www.servga.gov) : Yes \_\_\_\_\_ No \_\_\_\_\_

The Clayton County Medical Reserve Corps (CCMRC) does not discriminate against any individual on the bases of race, color, religion, gender, national origin, age, disability, political affiliation or belief. Once your application has been accepted; your professional license has been verified; and you pass a criminal background check; you will receive an Acceptance Letter and be added to the CCMRC volunteer database and SERVGA volunteer registry as a volunteer with the CCMRC.

**Privacy Act Statement**

This information is requested by Public Health District 3-3 for the purpose of organizing volunteers to respond to public health emergencies. It will not be utilized or released for any other purpose without your expressed written permission, unless required by law.

Proudly led by:



Send to: MRC Coordinator  
 Email: [blester@dhr.state.ga.us](mailto:blester@dhr.state.ga.us) or Fax: 770-603-4874  
 685 Forest Parkway  
 Forest Park, GA 30297