



VOLUNTEER APPLICATION

APPLICANT INFORMATION

Name:

Current Address:

City:

State:

ZIP Code:

Phone:

Cell/Mobile:

Fax:

EMPLOYMENT INFORMATION *(Optional)*

Current employer:

Employer address:

Phone:

E-mail:

Fax:

City:

State:

ZIP Code:

CITIZEN CORPS PROGRAM INTEREST

Volunteers in Policing Services (VIPS)

Medical Reserve Corps (MRC)

Fire Corps (FC)

Community Emergency Response Team (CERT)

Neighborhood Watch (NW)

Citizen Corps

EDUCATION AND TRAINING *(required for MRC)*

Name of Educational Institution Attended	Field of Training	Year Attended

WHEN ARE YOU AVAILABLE? *(Fill in the Hours)*

Weekdays: <input type="checkbox"/>	Mornings	Afternoons	Evenings
Weekends: <input type="checkbox"/>	Mornings	Afternoons	Evenings

Any other comments:

SPECIAL SKILLS/TRAINING/ABILITIES *you believe would be of assistance during a community crisis situation*

Events Coordinator <input type="checkbox"/>		Sign Language <input type="checkbox"/>		Interpreter/Translator <input type="checkbox"/>	
Writing Skills <input type="checkbox"/>		Human Resources <input type="checkbox"/>		Records/Data Entry <input type="checkbox"/>	
Disaster Recovery <input type="checkbox"/>		Administration/Business <input type="checkbox"/>		Database and Information Technology <input type="checkbox"/>	
Public Health Advisory <input type="checkbox"/>		Triage <input type="checkbox"/>		Credentiaing Expert <input type="checkbox"/>	
Supplies Coordinator <input type="checkbox"/>		Public Relations <input type="checkbox"/>		Clerical Skills <input type="checkbox"/>	
Mental Health or Counseling <input type="checkbox"/>		Emergency Medical Technician <input type="checkbox"/>			

Other:



PRIOR VOLUNTEER EXPERIENCES AND CREDENTIALS (required for MRC)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

REFERENCES *List three non-related persons who are qualified to describe your capabilities.*

Name	Address	Phone	Occupation

DISABILITY

Do you have a disability?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Disability is described as:

1. *physical or mental impairment which substantially limits a major live activity;*
2. *previous record of such an impairment; or*
3. *being regarded as having such an impairment..*

SIGNATURE

I authorize the verification of the information provided on this form.

Signature of applicant:	Date:
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I UNDERSTAND:

- ◆ That I must..
 - be at least 18 years of age
 - should a current valid Texas drivers' license *(a copy maybe requested @ later date)*
 - have no felony convictions for D.W.I., Drug-related, Sexual or Family Violence offenses
 - Participate in required training sessions
 - comply with volunteer standards established by the Citizen Corps/MRC Committee
 - notify the Program Administrator, in writing when terminating volunteer status
 - be available on short term notice
- ◆ That any information I have provided in this application may be disclosed to and used by the local or Regional Citizen Corps/MRC Administrator and/or MRC Team Leaders for planning purposes and volunteer assignment **ONLY**.
- ◆ That, in the case of a deployment, I may be contacted at any time (day or night).
- ◆ That all information regarding the Citizen Corps/MRC may be considered confidential and I will not release names, locations or any other sensitive information without the written permission of the COG and Regional MRC.
- ◆ Due to the nature and content of the Citizen Corps/MRC and the potential duties of volunteers, a background check may be performed that could potentially disqualify me for participation as volunteer in the MRC programs and that I may be disqualified for other reasons at the discretion of the Citizen Corps/MRC Committee or Program Administrator.

I have read and understand the above listed requirements, responsibilities and information, I certify that the statements and information contained herein are true, complete, and correct. I hereby authorize the COG's MRC Coordinator or Citizen Corps/MRC Committee to receive and disclose my information to the Regional MRC Coordinator and/or MRC Team Leaders for the purpose and reasons of furthering the program goals. I further authorize the use of my photograph for public relations purposes.

Signature: _____ Date _____

<p>CITIZEN CORPS/MRC STAFF ONLY:</p> <p>Received by: _____</p> <p>Date Received: _____</p>

