

Schoolcraft County Citizen Corp Council



Membership Application

This application is for:	CERT [<input type="checkbox"/>]	MRC [<input type="checkbox"/>]	Both [<input type="checkbox"/>]
Name:			
Date of Birth:	Phone:	Cell Phone:	
Current Address:			
City:	State:	Zip Code:	
Email:			
Date of Application:	Driver's License Number	State of Issue:	

Employment Information

Current Employer:	
Position/Duties:	In the event of an emergency response, would you be able and/or willing to respond? [<input type="checkbox"/>] Yes [<input type="checkbox"/>] No
	Would your employer allow you to participate in an emergency response during normal work hours? [<input type="checkbox"/>] Yes [<input type="checkbox"/>] No
	It is understood that a person's job may have priority over a volunteer response. The above answer will not have any influence on the acceptance of this application.

Emergency Contact

In case of an emergency, notify (name):		
Address:	Phone:	
City:	State:	Zip Code:
Relationship:		

Certifications / Licenses / Specialties

Certifications:	Certification Number(s):
Licenses:	License Number(s):
Specialties:	

Certifications / Licenses / Specialties Continued

Interests / Hobbies:

Skills:

Besides the obvious need for medical volunteers in an emergency, there will be a need for assistance in the following examples as well as other areas not covered here: Spiritual, food preparation, custodial, transportation, administration, record keeping/secretarial, registration, communications, computers, etc.

Please list any special skills that you may have:

Experience

If you have experience in the following areas – please check all that apply:

<input type="checkbox"/> Physician	<input type="checkbox"/> Nurse	<input type="checkbox"/> Paramedic	<input type="checkbox"/> EMT	<input type="checkbox"/> 1 st Responder	<input type="checkbox"/> Police
<input type="checkbox"/> Fire	<input type="checkbox"/> CAP	<input type="checkbox"/> Hazmat	Other (please explain)		

Please list any other volunteer organizations that you may belong to:

References

Name:	Address:	Phone:
Name:	Address:	Phone:
Name:	Address:	Phone:

Signatures

I authorize the verification of the information provided on this form as to my credentials and to perform a criminal background check. I will not hold the Schoolcraft County Citizen Corp Council, CERT, MRC or its fiduciary/sponsoring agent – Schoolcraft Memorial Hospital, responsible for any injuries resulting from performance of duties during volunteer and/or emergency response events. I further understand that there will be offered training and that volunteers are expected to actively participate in said training as well as any meetings and/or emergency events to the best of my abilities.

Signature of Applicant:

Date:

Please return this application to:

Catherine Flores
 Schoolcraft County Citizen Corp Council
 7870W US Highway 2
 Manistique, MI 49854
cflores@scmh.org