



Medical Reserve Corps

ISLAND COUNTY

Medical Reserve Corps MRC VOLUNTEER APPLICATION FORM

Name: _____

Email (personal): _____

Phone (mobile): _____

Home Address: _____

Education/Work History

High School: _____ Year Graduated: _____ GED: ___ Did Not Graduate: _____

College: _____ Degree: _____ Year Graduated: _____

Graduate Studies: _____ Degree: _____ Year Completed: _____

Current or Past Certificates or Licensure: _____ Expiration Date: _____

Do you have a current CPR card/certification? Yes ___ No ___ Expiration Date: _____

Do you have a current First Aid card/certification? Yes ___ No ___ Expiration Date: _____

Do you have a current AED certification? Yes ___ No ___ Expiration Date: _____

Professional License Number: _____

Do you have an Amateur Radio license? If so, what is your call sign? _____

Where are you available?

Only in the County _____ Only in Washington State _____ Throughout the US _____

References

Please list at least one personal reference (name, address, & phone number):

Please list at least one professional reference (name, address, & phone number):

Signature of Applicant: _____ Date: _____