



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

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

****You must also complete an online registration via the WWW.SERVGA.GOV website. Be sure to select Clayton County Medical Reserve Corps.**

I have completed the online registration via 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.

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

