

Welcome to the Utah County Medical Reserve Corps

Thank you for your interest in becoming a member of UCMRC. As a volunteer organization we are dependent upon the commitment of our members as we endeavor to enhance local response capabilities to disasters or emergency events and to increase the emergency preparedness of local citizens in Utah County. We are pleased to operate in partnership with the Utah County Health Department as the sponsoring agency for UCMRC.

Each of you has unique skills and abilities to add to the overall capability of the organization to be a real asset to the communities of Utah County in meeting the health and safety needs of our residents. You will be providing valuable service to your friends and neighbors as well as to those residents who may need extra care in times of emergency.

By registering, organizing, and training volunteer health professionals in advance, the UCMRC will provide a response team that can be readily mobilized when the existing health infrastructure is overwhelmed and unable to provide needed care in a timely manner.

Please know that your contributions are the key to the success of UCMRC, and that we will strive to be respectful of your time and circumstances. You can determine your level of involvement as you consider your other commitments.

Thank you again for your willingness to volunteer your time and skills to UCMRC. We look forward to working with you for the benefit of our communities.

Jan Rogers
UCMRC Coordinator
janicer@utah.gov
801-404-7172

Revised 9/11/07

Utah County Medical Reserve Corps

Checklist for Volunteers

Welcome to Utah County Medical Reserve Corps. We appreciate your willingness to volunteer your time and experience to increasing our county's ability to ensure the health and safety of our citizens. Use this checklist to track your progress in becoming an active member of the corps.

To become a volunteer member of UCMRC:

- Fill out attached application (also available online at: www.ucmrc.com)
- Return application to:
UCHD
Environmental Health, Suite 2600
Jan Rogers, UCMRC Coordinator
151 South University Avenue
Provo, Utah 84601
- Complete background check and return as instructed
- Provide proof of licenses, credentials

Within six months of becoming a volunteer:

- Complete orientation for new volunteers
- Complete entry-level training
- Understand the Core Competencies for Medical Reserve Corps Volunteers

UTAH COUNTY MEDICAL RESERVE CORPS (UCMRC) VOLUNTEER APPLICATION

APPLICANT INFORMATION:

Name: _____

Other names previously used: _____

Home phone # _____ Cell # _____

Work # _____ Email: _____

Address: _____

City: _____ State: _____ Zip: _____

Emergency Contact Information:

Name: _____ Relationship: _____

Phone: _____ Address: _____

TRAINING AND EDUCATION:

Have you graduated from high school or received a high school equivalency diploma (GED)

Yes No If no, circle highest year completed: 1 2 3 4 5 6 7 8 9 10 11 12

PROFESSIONAL LICENSE OR CERTIFICATE, IF REQUIRED (Include expired medical licenses held within the last ten years)

Type	Serial Number	Date Issued	Expiration Date

Do you have any other specialized emergency training? (FEMA, Military, CERT, Red Cross, HAZMAT, CPR, AED, First Aid, etc.) Give a brief description.

Are you part of any other emergency or disaster response organization? Explain:

LANGUAGES: List languages you speak, read, and write other than English _____

Employer: _____

Position: _____

Full Time Part Time Retired Other: _____

REFERENCES: List two persons not related to you who have knowledge of your qualifications

Full Name	Address (street, city, state, zip)	Occupation	Phone number

- YES NO 1. If the position for which you are volunteering requires driving a vehicle, do you possess a current driver's license? State _____ Type _____ Number _____
- YES NO 2. Are you 18 years of age or older? If under 18, what is your birth date? _____
- YES NO 3. Are you eligible to work in the U.S.?

VOLUNTEER TYPE: (mark or circle all that apply)

Level one – Medical

- MD: Area of Specialty: _____
Board Certified? Yes No
- Physician Assistant
- Nurse Practitioner
- Nurse: RN LPN
- Do you have prescriptive authority? Yes No
- Pharmacist
- Dentist
- Veterinarian
- Mental Health Professional Psychologist Other: _____
- Licensed Social Worker
- Public Health Specialist (epidemiologist, environmental health, infectious disease, bioterrorism specialist, etc.) _____
- EMT – Intermediate
- EMT – Basic
- Paramedic

Level two – Medical associate

- Medical assistant
- Medical technician
- CNA CRNA
- Physical therapist
- Pharmacy Tech
- X-ray tech
- Respiratory Therapist
- Dental technician or assistant
- Search and Rescue
- Mortician

Level three – communications

- Amateur Radio: License # _____ Call Sign _____ Level _____
- Information technology specialist
- Interpreter
- Geographic Information Systems personnel (GIS)
- Computer specialist
- Health Educator/ Communicator
- Public Relations
- Media/ Communications

Level four – support personnel

- Plant Management
- Security Worker
- Housekeeping

- Dietary
- Administrative
- Clerical
- Clergy/ Chaplain *Denomination:* _____
- Faith-based Recruit (Mark here if you were referred by your church)
- CDL
- Food Handlers Permit
- Safety
- Warehouse Specialist
- Heavy Equipment (Access To Equipment)
- Mechanic
- Welder
- Engineer
- Electrician
- Licensed Child Care

Other _____

READ THE FOLLOWING PARAGRAPH CAREFULLY BEFORE SIGNING THIS STATEMENT:

I affirm this application contains no misrepresentation or falsification and that the information is true and complete to the best of my knowledge and belief. I give UCMRC permission to inquire into my educational background, references, driving record, employment, volunteer history and police record. I further give permission to the holder of any such records to release the same to the UCMRC and I hold the UCMRC and Utah County Health Department (UCHD) harmless of any liability, whether civil or criminal, that may arise as a result of the release of the information about me. I further hold harmless any individual, agency, business or corporation that provides documentation to the UCMRC. I understand that as a UCMRC volunteer, I am not paid for my services.

Signature

Date

Return completed application to:
 Utah County Health Department
 Environmental Health, Suite 2600
 Jan Rogers, UCMRC Coordinator
 151 South University Avenue
 Provo, Utah 84601

Background Check Instructions

1. Read and fill out the attached waiver; be sure to sign it.
2. Fingerprinting is normally done on the following days:
 - Thursday, Noon – 4:00 pm
 - Friday, 9:00am – 1:00 pmCall before you go to make sure they will be there or to schedule a different time
Security office 851-4045
3. Go to the Security office on the first floor of the Health & Justice Building, Room #1001, 151 S. University Avenue, Provo, Utah.
 - Take a picture ID with you. Let the Deputy know that you need a fingerprint card.
 - Fill out the information on the fingerprint card: name, aka, citizenship, sex, race, height, weight, eyes, hair, place of birth, date of birth, ssn, your home address, UCHD address (UCHD, 151 S. University Avenue, Provo, Utah 84601), reason fingerprinted (volunteer), sign the card.
4. Give the completed waiver form and the completed fingerprint card to Jan Rogers, UCMRC Coordinator, Suite 2600, Environmental Health, 151 S. University Avenue, Provo, Utah 84601

WAIVER

Utah County Health Department/VMRC
Qualifying Entity
151 South University Avenue, Suite #2800
Address
Provo, UT 84601

_____ By signing this form, I authorize the Utah Bureau of Criminal Identification (BCI) to access and review State and Federal criminal history records and make reasonable efforts to determine whether I have been convicted of, or are under pending indictment for, a crime that bears upon my fitness to be employed or volunteer for a position of trust over children, vulnerable adults or persons with disabilities and convey that determination to the qualified entity. Utah BCI shall make reasonable efforts to respond to the inquiry within 15 business days.

I do hereby release Utah BCI, all persons, all organizations, or government agencies, from any damages of, or resulting from, furnishing such information.

I understand that the offer for membership as a volunteer in Utah County Medical Reserve Corps (UCMRC) is conditioned upon receiving a satisfactory criminal history background check. I understand that my membership and certified volunteer status may be terminated if the criminal history background check is not satisfactory.

I have been provided with a copy of this form. I have read and understood the foregoing and my certification is true and correct to the best of my knowledge and belief.

Prospective Employee/Volunteer Signature

Date

Qualifying Entity Representative Signature

Date

List your current full name _____
Last, First Middle

List any other names you have gone by (including married names or maiden names)

Social Security Number _____

Date of Birth _____
Month / Day / Year

Utah Driver's License Number _____ Expiration Date _____

Training for Volunteers

Step One – Orientation for New Volunteers

All volunteers will complete orientation training, preferably in person. Computer based orientation will be available at a future date.

- Overview and history of Utah County Medical Reserve Corps
- UCMRC roles, procedures and responsibilities
- Expectations of volunteers, network with leaders and other volunteers
- Overview of Utah County Emergency Management System
- Core competencies – MRC responsibilities:
 - Protect self, family, team, community
 - Personal and family preparedness
 - Know and follow chain of command
 - Understand the role of MRC in public health and emergency response
 - Communication
 - Mental health (yours and others)
 - Follow procedure
 - Know your limits

Step Two – Training

1. Complete online training from National Incident Management System (NIMS)
 - a. IS-100 Incident Command System (required)
 - b. IS-200 Applying ICS to Healthcare Organizations (required)
 - c. IS-700 National Incident Management System (required)
2. All volunteers will be required to complete basic emergency response training or proof of current training within six months of becoming a volunteer. Choose one of the following:
 - a. CERT training is preferred as entry-level training for UCMRC
 - b. Red Cross Community First Aid and Safety will also qualify
 - c. Core Disaster Life Support (CDLS), Basic Disaster Life Support (BDLS), or Advanced Disaster Life Support (ADLS)

Volunteers can enroll in U-Train or MRC-Train to sign up for IS courses, keep track of training, and find in-person training opportunities (www.utah.train.org or www.mrc.train.org) Be sure to identify yourself as a medical reserve corps member on your information sheet.

Some parts of training may be waived if your occupation provides similar training and certification. Training should be completed as soon as possible, preferably before participation in actual emergencies.

Step Three – Report your Training

- Inform your unit of training obtained and submit copies of certification
- Keep your own record of training

Step Four – Continuing Education

- Participate in drills, training exercises, tabletop exercises and/or field exercises
- Complete additional training to improve or refresh your skills



Freedom Corps

Americorps

- AmeriCorps*State and National
- AmeriCorps*VISTA
- AmeriCorps*NCCC (National Civilian Community Corps).

Learn & Serve America

Peace Corps

Senior Corps

- Foster Grandparents
- Senior Companions
- RSVP (the Retired and Senior Volunteer Program)

The Corporation for National and Community Service

Citizen Corps

- Volunteers in Police Service (VIPS)
- Neighborhood Watch/USAonWatch
- The Community Emergency Response Team (CERT)
- Fire Corps
- The **Medical Reserve Corps (MRC)**

Citizen Corps Mission

To have everyone in America participate in making themselves, our communities, and our nation safer

Medical Reserve Corps Mission

To establish teams of local volunteer medical and public health professionals who can contribute their skills and expertise throughout the year and during times of community need.

Citizen Corps Community Benefits

- Greater sense of security, responsibility, and personal control
- Builds community pride, unity and patriotism
- Promotes risk reduction, mitigation, and preparedness practices
- Prepares us all for helping others in a crisis