



# Utah County Medical Reserve Corps Application

Please return completed application to:  
Marilyn Watts - Utah County MRC Coordinator,  
151 South University Avenue, Suite 2600, Provo, UT 84601

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.

## Applicant Information:

Full Name: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Mobile Number: \_\_\_\_\_

Driver's License: State and Number: \_\_\_\_\_

Email: \_\_\_\_\_

Full Address: \_\_\_\_\_

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## Emergency Contact Information:

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

## Education:

Please list the highest level of education completed:

School	Highest grade completed	Degree	Type	Year completed

**Professional Licensing:**

Type	License number	Issue date	Expiration

**Other information:**

Do you have any other specialized emergency training? (FEMA, Red Cross, etc)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Languages you speak other than English \_\_\_\_\_

Current Employment: \_\_\_\_\_

**References:**

List two references that do not live with you that have knowledge of your qualifications.

Name	Relation	Phone Number

**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 give permission for UCMRC to perform a background check through Utah Responds - Emergency System for Advance Registration of Volunteer Health Professionals (ESAR-VHP). I understand that as a UCMRC volunteer, I am not paid for my services.

Signature

Date

Please provide your social security number which will be entered into the Utah Responds volunteer management system to perform a background check. After the background check is completed, your social security number will be removed from this document and securely destroyed.

Social Security Number: \_\_\_\_\_

## Utah County Medical Reserve Corps Photo Waiver

I \_\_\_\_\_ hereby allow any photos/videos of myself to be published via print, video, or website which is affiliated with Utah County Medical Reserve Corps. I understand that publications may be accomplished electronically via the Internet and that after publication the UCMRC will be unable to prevent persons from gaining access to the Internet, copying my photographs and video, and subsequently using, altering or republishing it without my consent. I waive any claim for damages against Utah County from the unauthorized use alteration, or republication of my photographs and video by third parties accessing the Internet or obtaining copies of the print or video material.

\_\_\_\_\_  
Signature Date

**Please include a paper copy of your driver's license.**

**The following will be turned in to the County Health Department for their records:**

### UTAH COUNTY GOVERNMENT VOLUNTEER INFORMATION

Name \_\_\_\_\_ Starting Date \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone # \_\_\_\_\_ Social Security # (last 4 digits) \_\_\_\_\_

Department Health Division Supervisor: Marilyn Watts MRC Coordinator

Anticipated length of service 2 years End date \_\_\_\_\_

Brief explanation of duties: Participate as a volunteer for the Volunteer Medical Reserve Corp

Will duties include driving \_\_\_ Yes  No If yes, date of birth \_\_\_\_\_

If yes, drivers license # \_\_\_\_\_ State \_\_\_\_\_ Expires \_\_\_\_\_

A volunteer is anyone who requests and is authorized to provide services to the County without receiving County compensation.

*Please forward a copy of this completed form to the Personnel Department within 1 week of a volunteer's start date.*