

Upper Cumberland Tennessee Regional Medical Reserve Corps Application

(Bold indicates required fields.)

Volunteer Contact Information

First Name		Middle Name		Last Name	
Home Address		Home City		Home State	
Postal Code		Home County			
Primary Phone		Secondary Phone			
Primary Email Address			Secondary Email Address		

Medical Certification Information

Health Care Provider Type:

Name as it appears on your license		License Number	
Country/State		Expiration Date	
Certification		City/Country/State	

Is your license in good standing? Yes No

Are there any adverse actions or restrictions associated with your license? Yes No

Inspector General Status (Applicant is excluded from participating in any Federally funded healthcare programs)? Yes No

Deployment Preferences

In the event of a declared emergency, would you work under the auspices of the Federal Government? If yes, the information you provide will be made available to the Federal Government upon its request. Yes No

To what types of emergency events are you willing to respond? Biological Incident Disease Outbreak
 Federal Deployment Local Deployment Natural Disaster Statewide Deployment

What is the maximum number of days you are willing to stay deployed? >180 days 0-10 days
 11-30 days 31-90 days 91-180 days

Administrative Section

FEMA Incident Command Training Courses Completed (Check if it applies)

<input type="checkbox"/> ICS-100 (Introduction to Incident Command System)	<input type="checkbox"/> IS-700 (National Incident Management System)	<input type="checkbox"/> Other _____
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Volunteer Consent and Affiliation Section

This section verifies that you consent to the state collecting this information, that you consent to a background and a sexual offender check and that you pledge the information you have provided is correct.

The state may collect, use and maintain my personal information to be used to support my participation as a volunteer.

I authorize the State to perform a criminal background check using the information I have provided on this form.

I consent to allow the state to perform a check of the Tennessee Sexual Offender Registry.

Yes **Signature** **Date**

Please fax completed form to Dawn Hickey, MRC Coordinator at 931-520-0413 or mail to 200 West 10th Street, Cookeville, TN 38501.