



201 Second Street Macon, GA 31201

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# **MRC Membership Application**

(for entry in SERVGA, Georgia's State Emergency Registry of Volunteers)

Georgia's State Emergency Registry of Volunteers (SERVGA) is a database of people who may wish to help public health personnel respond to an act of terrorism or other public health emergency. It is coordinated with Georgia's public health and Medical Reserve Corps (MRC) volunteer programs. Filling out this form will help connect you with your local MRC unit. The Central Georgia Medical Reserve Corps serves Baldwin, Bibb, Crawford, Hancock, Houston, Jasper, Jones, Peach, Putnam, Monroe, Twiggs, Washington and Wilkinson counties. There are other MRC units serving other parts of Georgia.

If you can, please sign up at the <u>http://www.servga.gov</u> web site. When filling out the application, be sure to designate "Central Georgia Medical Reserve Corps" as the unit you are joining. If you are unable to sign up online or prefer to register using this paper application, we will be happy to assist you. If you sign up online you will not need to complete the paper application.

If you are already registered with SERVGA, please add "Central Georgia Medical Reserve Corps" as one of your unit affiliations (in your SERVGA profile).

Registering places you under no legal obligation to volunteer. For further questions or information about our MRC unit, please visit our web site at <u>www.northcentralhealthdistrict.org/mrc</u> or contact us at the address or phone number listed above. For more information about the national MRC program, go to <u>https://www.mrc.hhs.gov</u>. For more information about the online volunteer registry, go to <u>https://www.servga.gov</u>

#### Data privacy

Information collected through the registry will be kept private or non-public, except where required by law. Only DHR and its federal, regional, and local partners involved in planning, investigating, or controlling a public health emergency will have access to this information. These partners could include both public health and law enforcement as well as MRC units with whom you affiliate. Providing information to this registry is voluntary. If you decide not to provide this information, however, we may not be able to contact you for emergency volunteer work.

### Please return completed applications to:

Central Georgia Medical Reserve Corps c/o Office of Emergency Preparedness 201 Second Street, Suite 1100 Macon, GA 31201 Or fax to: (478) 751-4575

#### \* THIS SYMBOL INDICATES THAT THE INFORMATION IS REQUIRED.

Section 1: First tell	us some informati	on about you	urself							
1. Personal informat	tion:									
*First name:	Ν	liddle name:			*Last nam	ne:				
*Gender: 🗆 M 🗆 F	*Date of birth (mm/d	d/yyyy):		*Ge	eorgia cou	inty yo	ou live in:			
*Home address:			*City:	<u> </u>				*Zip	Code:	
* Drivers License/State	ID# :		*	*License Stat	te:		Exp. Date:			
Primary email addres	s:	Alternate em	nail addre	ess:		S	Social Securi	ity #:		
2. What is the best	way to contact yo	u in the ever	nt of an	emergenc	y?					
* 2a. Primary contact:	□ Phone	□ Fax	□ Cell P	hone DP	ager *N	Numbe	er:			
2b. Secondary conta	act: D Phone	□ Fax	Cell P	hone 🗆 P	ager *N	Numbe	er:			
2c. Emergency Con Name:	tact Information:			Relation	ship:					
Primary Contact #:				Seconda	ary Contac	ct #:				
*3. Do you have any	military sorvice o	bligations in	the eve	ont of an or	norgono					□ No
If yes, please explain w	-	bligations in	line eve	int of all er	liergenc	y :			□ Yes	
	-									
*4. Do you have any emergency? If yes, p			t pose a	a conflict in	the eve	ent of	an	(	□ Yes	□ No
□ American Red Cross	B Hospital/clinic	c (name) :			□ Firs	st Res	ponder			
□ Other:										
Section 2: Tell us at	oout your work									
5. What is your emp	loyment status?									
□ full time	□ part time	□ on ca	all	□ not en	nployed		□ retire	ed		□ student
6. Do you work at mor			🗆 No	6a. If yes,	at how r	many	locations c	lo yo	u work?	
7. In which county of		work?					<u> </u>			
Please list the count	Ies:			County in s	state bord	lering	Georgia:			
8. In what type of se	tting do you work	? (check all t	that app	oly)						
Health care settings:							Other heal	lth-rel	ated setti	ings:
Clinic       □ OB/GYN         □ Emergency room       □ Operating         □ Home care/hospice       □ Pediatrics         □ Hospital       □ Pharmacy         □ Intensive care       □ Psychiatric         □ Laboratory/X-ray/other diagnostic       □ Rehabilitat         □ Medical/surgical       □ Other:         □ Nursing home       □			c/behavioral care/mental health tion			ional f ency c ovide nome nealth	nal facility cy communications center ider			
8a. In what types o Administration Case management Clerical Clinical services Disease investigation EMS education EMS medical directio Environmental health	on/coordination	nvolved on yc Epidemiolog First respon Health cour Health educ Immunizatic Insurance/u Medical pric	gy nder nseling cation or ons utilization ority dispa	promotion review	nat apply		Program pla Quality impro Research Supervision Teaching Telephone tr Other:	ovemo	ent/assur	

Section 3: In case of a large scale emergency	y						
*9. Are you physically able to participate in a 9a. Do you have relevant disabilities and/o						Yes Yes	□ No □ No
*10. Where are you willing to travel for deplo	•			🗆 In-state		Dut of st	
10a. How many days are you willing to be d	•	□ Up to 7		□ Up to 14	Up to		□ Up to 28
10b. In the event of a declared national eme	ergency, w	ould you cor	nside	Image: More than er	1 28 days		
volunteering to work under the authori	ty of the F	ederal Gove	rnme	ent? 🛛 Yes	s 🗆 No		
11. Do you speak any foreign languages? [P	lease list a	all that apply	]				
1 Limited proficier	юу	□ Intermed	iate a	ability	D F	Fluent	
2 □ Limited proficier	□ Intermed	iate a	ability		Fluent		
3 Limited proficier	Intermed	iate a	ability		Fluent		
4 Limited proficien	су	Intermed	iate a	ability		Fluent	
11a. Do you know American Sign Language?						Yes	□ No
If yes, what level are you?  Limited proficiency	,	ermediate ability	·	□ Fluent			
12. Do you have a commercial driver's license?	□ Yes □ No	13. Class and codes:	d enc				
14. Have you had HAZMAT (hazardous	🗆 Yes 🗆 N	0					s
materials) training? 15. Have you had basic first aid training?				□ Tecnniciar	n		t training
16. Have you been trained in CPR (cardiopul	monary re	suscitation)	?		Year of mo		
17. Have you had incident command training				🗆 Yes 🗆 No	Year of mo		•
18. List other training courses: (list all that a a.	pply)				Year of mo	ost recent	t training
b.					Year of most recent training		
с.					Year of mo	ost recent	t training
d.					Year of mo	ost recent	t training
Section 4: Your experience and credentials .							
*19. Are you currently or have you previously professional board? (for example, Georg				tate of Georo	yia health		Yes 🗆 No
If yes, identify the primary license, registration,							
<ul> <li>□ Dental assistant</li> <li>□ Dental hygienist</li> <li>□ Dietitian</li> <li>□ EMT - □ Basic □ Intermed □ Paramedic</li> <li>□ O</li> <li>□ First responder</li> <li>□ Pt</li> </ul>	arriage and	chological pract family therapis I □ Licensed a hnician	t:	□   iate □   □		re practiti se □ License	ioner ed □ Lic. graduate Indepen. clinical
□ Licensed psychologist □ Pt	nysical thera	apist			Other:		
*20. If you are credentialed by a state board, license, registration, or certification? [If y					□ Active □	Inactive	□ Other
If you currently have a license, please cor					ed for cred	entialin	a purposes.
Note: Those who may be eligible for licensure (for example							
Primary license, certification, or registration #:	<u>,</u>			piration date (m			
If not a Georgia board, please list the state or province	e.	State:		Canad	lian province/te	erritory:	
If you have more than one license or	credenti	al, pl <u>ease l</u>	ist i	in questior	n #23.		
*21. Do you have current or previous experie licensed, registered, or certified by the S	ence in a h	ealth occupa				□ Yes	□ No

\*This information is required.

22. If yes, please check your perience (if more than of				e tha	t most closely matches your				
Advanced Practical Nurse	Health Educator		Occupational Health Technic	ian	Psychologist				
□ Athletic Trainer	Home Health Aid	de	Occupational Therapist		□ Public Health Administration				
□ Audiologist	Human Services	s Technician	Occupational Therapist Aide		Public Health Case Manager				
<ul> <li>Behavioral Health Professional</li> <li>Cardiovascular Tech</li> </ul>	□ Immunization Se □ Laboratorian	ervices Worker	<ul> <li>Occupational Therapist Assis</li> <li>Optician</li> </ul>		<ul> <li>Public Health Nurse</li> <li>Radiation Therapist</li> </ul>				
<ul> <li>Chiropractor</li> <li>Clinical Social Worker</li> </ul>	□ Licensed Practic □ Marriage & Fami		Optometrist		Radiologic Technician / Technologist				
Counselor/Mental Health	Massage Therap	oist	Personal and Home Care Aid	le	Recreational Therapist				
Counselor/Rehabilitation	Medical Assistar	nt	Pharmacist		Registered Nurse				
Counselor/School     Counselor/Substance Abuse	Medical Equipmed Medical Records		<ul> <li>Pharmacy Aide</li> <li>Pharmacy Technician</li> </ul>		<ul> <li>Respiratory Therapist</li> <li>Respiratory Therapy Technician</li> </ul>				
Dental Assistant	Medical Transcri	-	Physical Therapist		□ Social Worker				
Dental Hygienist	□ Medica /Clinical		□ Physical Therapist Aide		□ Diagnostic Sonographer				
□ Dentist	□ Medical/Clinical				□ Special Needs Care Provider				
Dietetic Technician	Medical/Health S	-			□ Speech Language Technologist				
		-							
	Nuclear Medicin	-	Physician Assistant		Surgical Technologist				
	□ Nurse Practition								
EMT-Paramedic	□ Aide, Orderly or	Attendant	Psychiatric Aide		Veterinarian				
<ul> <li>Environmental Health Inspector</li> <li>Epidemiologist</li> <li>Other:</li> </ul>	<ul> <li>Nutritionist</li> <li>Occupational He</li> </ul>	ealth Specialist	<ul> <li>Psychiatric Rehabilitation Wo</li> <li>Psychiatric Technician</li> </ul>		□ Veterinary Assistant □ Veterinary Technician / Technologist				
23. Please briefly describe the	educational an	d/or work ba	ckground you have that is r	eleva	Int to volunteering in the				
event of a public health emerge									
the Columbus Technical Colleg									
University Hospital's central lab	. I recently began	taking classe	es on a part-time basis to com	plete	a bachelor's degree in medical				
technology at Emory University.	.")	-			-				
ADDITIONAL INFORMATION FOR NURSES, DOCTORS, PHARMACISTS, and DENTISTS: If you are a <u>NURSE</u> , please continue with <u>Section 5</u> . If you are a <u>DOCTOR</u> , please continue with <u>Section 6</u> . If you are a <u>PHARMACIST</u> , please continue with <u>Section 7</u> . If you are a <u>DENTIST</u> , please continue with <u>Section 8</u> . IF YOU ARE NOT A NURSE, DOCTOR, PHARMACIST OR DENTIST, PLEASE CONTINUE WITH SECTION 9.									
Section 5: Nurses ONLY									
*24. Are you an advanced-praction	e registered nurs	e? 🗆	Yes 🗆 No						
If yes, what is your classification?	1		If yes, what is your specialty?						
*25. Do you have a specialty cert			If yes, indicate below (check all	that a	nnly)				
□ Direct patient care		s immunization							
□ Disease investigation		tal health	Public healt		sing				
		ary medic			sing				
□ Home health care				Jing					
□ Infectious disease		ent education	□ Triage						
□ Mass care			□ Other:						
PLEASE CONTINUE WITH SECTI		100100							
Section 6: Doctors ONLY	011 5.								
24. Are you an EMS medical of	lirector or have	other emerge	ancy medicine						
experience?		other enterge	ancy medicine	🗆 Ye	s 🗆 No				
	on atunical cott	ing oc part o	f your ourrent or prior						
25. Have you provided care in employment (e.g., field mi similar)?				□ Ye	s 🗆 No				
26. What percentage of your plarge-scale emergency?	practice is ongoi	ing care/sche	eduled appointments that co	ould k	be re-scheduled in case of a				
□ 0-10%	□ 11-24%	□ 25-49	1% □ 50-74%		□ 75-100%				

\*This information is required.

	1	иениегзнир Арри	cauo		y III SERVOA				
*27. What would y	ou consider you	rself capable of and	agre	eable to pe	erform if needed [c	heck all that apply]:			
□ providing acute pat		providing hos			performing vacc				
<ul> <li>providing ambulato</li> <li>providing hospital/</li> </ul>		<ul> <li>providing nursing home care</li> <li>providing telephone information</li> </ul>			□ screening vacci				
	•		priorie	Information	providing non-m				
*28. What is your									
□ allergy, asthma, im □ anesthesiology	imunology	□ gastroenterology □ gerontology			<ul> <li>pediatrics</li> <li>physical medicine</li> </ul>	and rehabilitation			
□ behavioral medicin	e	□ internal medicine			□ plastic and recons	structive surgery			
□ cardiology □ clinical oncology		☐ infectious disease ☐ neurological surge		ine	<ul> <li>psychiatry / child p</li> <li>public health medi</li> </ul>				
clinical endocrinolo		□ neurology	-		D pulmonary medici				
□ colon and rectal su □ critical care medici		<ul> <li>obstetrics and gyn</li> <li>occupational/environa</li></ul>			□ radiology □ rheumatology				
□ dermatology		medicine	onnei	itai	□ sleep medicine				
emergency medicine					□ thoracic surgery				
$\Box$ family practice	□ ear, nose, and throat (ENT) □ family practice		<ul> <li>orthopedic surgery</li> <li>ophthalmology</li> </ul>		vascular surgery				
☐ forensic medicine		□ pathology							
28a. If you ha	ve a secondary s	specialty, please list	t:						
29. Have you had	experience in any	y of the following ar	reas?	[check all	that apply]				
□ administration	□ hospice					□ research			
	□ intensive care				ed to emergency	□ teaching			
□ counseling □ ER	medical/surgical operating room		• •	/chiatric/beha diatrics	avioral care	utilization review Other:			
	· •	fications or interest	<u> </u>						
PLEASE CONT		ΓΙΟN 9.							
Section 7: Pharma	cists ONLY								
		typical setting as pa				□ Yes □ No			
employment (e		wilderness medicine,	Third	World settin	gs, or similar)?				
		work in? [mark all that	-1	6.4					
□ Administrative offic		□ Hospital pharmacy	at app	Laboi	ratory				
□ Clinic pharmacy		□ Home I.V. therapy			ear pharmacy				
□ Clinical pharmacy		□ HMO clinic pharmac	v		ng home pharmacy				
Community / Retai		□ Industry	,		Pharmacy school/medical school / teaching hospital				
□ Other									
*26. Which activiti	es do you partici	pate in? [mark all the	at app	ly to your pr	ofessional activity]				
		□ Disease state	manag	gement	-	efits management			
	ntiona	C Research			Teaching     Other (appeits)				
Dispensing prescri	-	□ Sales	ogra	achla ta na	Other (specify)				
		rself capable of and	-	-					
□ Administering med		Interpreting me				phone information			
□ Assuring appropria □ Dispensing medica	•	Providing educe Providing non-			-	cination candidates			
		ny, are you certified							
□ Nutrition support	□ Nuclear pharr		Psych		Pharmacotherapy [	☐ Other:			
*29. Do you have a	<u>.</u>				subspeciality:				
		e certified and/or tra							
	l immunizations.				<u> </u>				

\*This information is required.

		Memi	bership Appl	lication for e	ntry in SERV0	GA	
		nce in conductin Isting drug thera	• •	nsive patient	assessments ar	nd in	
32. Do you h	ave experie	nce in any of the	e following are	eas? [check al	I that apply]		
Emergen	cy room	□ Intensive car	e 🗆	Pediatrics	Primary ca	re medio	cine
PLEASE CON	TINUE WITH S	SECTION 9.			-		
Section 8: De	entists ONL	Y					
*24. Do you l	have any sp	ecialized trainin	g or board ce	rtification in t	he dental field?	?	□ Yes □ No
If "yes", indicat	te the specializ	ed training or boar	d certification yo	ou received. [Fill	in all that apply]		
□ Endodontics		Oral surgery		s DP	eriodontics	Public h	ealth
Forensic ode	ontology E	□ Oral pathology	Pediatric der	ntistry 🗆 P	rosthodontics	Other:	
		y professional a		<u> </u>			
□ Administratio		Consulting		Research	🗆 Teaching	9	
□ Advanced d	ental study	□ Patient ca	re 🗆	∃ Sales	□ Other (sp	pecify):	
26. Have you	u provided ca	are in an atypica	al setting as p	oart of prior en	nployment (e.g.	-,	
field mili	tary, wildern	ess medicine, 1	hird World se				
*27. Are you		-	🗆 Yes 🗆 No	If yes, please I			
	rcentage of y ale emergen		ongoing care/	/scheduled ap	pointments that	at could	I be re-scheduled in case of a
□ 0-1	0%	□ 11-24%		25-49%	□ 50-74%		□ 75-100%
	ctivities wou ? [check all		r yourself cap	able of and a	greeable to per	form if	needed and training were
		eening and care (c	linic setting)	providing n	on-medical assista	ance	
	•	care in field hospit	•		accination candid		
□ providing tel	lephone inform	ation		□ vaccination	IS		
30. Have you	had recent	experience in a	ny of the follo	owing areas?	[check all that a	apply]	
administratio	on E	] ER		nedical/surgical			earch
	_						
□ clinic □ counseling		] hospice		operating room/r	ecovery room	□ tea	ching
Clinic     counseling     Other area r		☐ hospice ☐ intensive care			ecovery room	□ tea	
□ counseling	E related to emer	] hospice ] intensive care gency care:		operating room/r	ecovery room	□ tea	ching
□ counseling □ Other area r Section 9: (A How did you	related to emer ALL applican I hear about	☐ hospice ☐ intensive care gency care: ts complete) the opportunity	to volunteer i	operating room/roodiatrics	nergency?	□ tea □ util	ching ization review
counseling Other area r Section 9: (A How did you brochure/flyd	related to emer ALL applican I hear about er □ n	☐ hospice ☐ intensive care gency care: ts complete) the opportunity nailing □	to volunteer i	pperating room/r pediatrics in a health en	nergency?	□ tea □ util	ching
counseling Other area r  Section 9: (A How did you brochure/flye internet	related to emer ALL applican I hear about er	hospice intensive care gency care: ts complete) the opportunity nailing [ presentation ]	to volunteer i	pperating room/r pediatrics in a health en	nergency?	□ tea □ util	ching ization review
counseling     Other area r Section 9: (A How did you     brochure/flye     internet Do you want	related to emer ALL applican I hear about er	hospice         intensive care         gency care:         ts complete)         the opportunity         nailing       []         presentation       []         nt to be:	□ c □ p to volunteer i ] TV/radio ] friend/acquaint	in a health en	nergency? nal organization other:	□ tea □ util	ching ization review
counseling  Other area r  Section 9: (A  How did you  brochure/flye  internet  Do you want  Active: You	Telated to emer ALL applican I hear about er	hospice         intensive care         gency care:         ts complete)         the opportunity         nailing         presentation         Int to be:         formation will be	□ c □ p to volunteer i ] TV/radio ] friend/acquaint available to au	in a health en	nergency? nal organization other:	□ tea □ util s. You v	ching ization review
counseling     Other area r Section 9: (A How did you     brochure/flyc     internet Do you want     for emergence     Inactive: You	related to emer ALL applican I hear about er	hospice     intensive care     gency care: <b>ts complete) the opportunity</b> nailing     resentation <b>to be:</b> formation will be     ts and receive no     information will be	to volunteer i TV/radio friend/acquaint available to au otifications rela e available to a	in a health en profession tance district uthorized systen authorized systen authorized systen	nergency? nal organization other: m administrators I emergency act tem administrato	□ tea □ util s. You v ivations ors, how	ching ization review □ article/publication will be eligible to be contacted and deployments. vever, you will NOT be
<ul> <li>□ counseling</li> <li>□ Other area in</li> <li>Section 9: (A</li> <li>How did you</li> <li>□ brochure/flyc</li> <li>□ internet</li> <li>Do you want</li> <li>□ Active: You</li> <li>for emergence</li> <li>□ Inactive: Y</li> <li>considered for</li> </ul>	The second secon	<ul> <li>hospice</li> <li>intensive care</li> <li>gency care:</li> <li>ts complete)</li> <li>the opportunity</li> <li>nailing</li> <li>cresentation</li> <li>formation will be</li> <li>ts and receive no</li> <li>information will be</li> <li>d about potential</li> </ul>	to volunteer i TV/radio friend/acquaint available to au otifications rela e available to a e mergency ad	in a health en profession tance district uthorized systen authorized systen authorized systen	nergency? nal organization other: m administrators I emergency act tem administrato	□ tea □ util s. You v ivations ors, how	ching ization review article/publication will be eligible to be contacted and deployments.
<ul> <li>□ counseling</li> <li>□ Other area in</li> <li>Section 9: (A</li> <li>How did you</li> <li>□ brochure/flye</li> <li>□ internet</li> <li>Do you want</li> <li>□ Active: You</li> <li>for emergence</li> <li>□ Inactive: You</li> <li>considered for</li> <li>notifications r</li> </ul>	related to emer ALL applican hear about er	hospice     intensive care     gency care: <b>ts complete) the opportunity</b> nailing     resentation <b>to be:</b> formation will be     ts and receive no     information will be	to volunteer i TV/radio friend/acquaint available to au otifications rela e available to a e mergency ad	in a health en profession tance district uthorized systen authorized systen authorized systen	nergency? nal organization other: m administrators I emergency act tem administrato	□ tea □ util s. You v ivations ors, how	ching ization review □ article/publication will be eligible to be contacted and deployments. vever, you will NOT be
counseling     Other area in     Section 9: (A     How did you     brochure/flyc     internet     Do you want     Active: You     for emergence     Inactive: Y     considered for     notifications in     Acknowledg	related to emer ALL applican hear about er	hospice     intensive care     gency care: <b>ts complete) the opportunity</b> nailing     resentation     formation will be     ts and receive no     information will be     d about potential     status of your ac	to volunteer i TV/radio friend/acquaint available to au otifications rela e available to a count	in a health en profession tance uthorized systen authorized systen authorized systen ctivations and	nergency? nal organization other: m administrators I emergency act tem administrato deployments. Yo	□ tea □ util s. You v ivations ors, how ou may r	ching ization review
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**CENTRAL GEORGIA MEDICAL RESERVE CORPS** 

### CERTIFICATION

I (Name, please print) \_\_\_\_\_ certify that:

- a. I am in adequate physical condition to perform my duties as a volunteer of the Central Georgia Medical Reserve Corps.
- b. I have/have not been a member of a Medical Reserve Corps in the past. If you have, which one?\_\_\_\_\_

May we contact them? Yes/No

c. I have/have not been arrested and or convicted of any crime. (Circle one; if yes, please briefly explain.)

d. I hereby give permission to the Central Georgia Medical Reserve Corps to conduct a criminal background check and social security number verification.

Signature

Date

Please return completed applications to:

**Central Georgia Medical Reserve Corps** c/o Office of Emergency Preparedness 201 Second Street, Suite 1100 Macon. GA 31201 Or fax to: (478) 751-4575