



Macomb County Health Department MRC Volunteer Application

Please submit a copy of your driver's license with your application.



You do not need to be a member of the medical community to volunteer with the Macomb County Health Department Medical Reserve Corps. Volunteers that participate with us include people with backgrounds in finance, clerical, at-home professions, sales, emergency response and medical. Any and all volunteers are welcome to apply!

Once completed return the application and a copy of your driver's license to:

Macomb County Health Department Attn: EPP; Shannon Tanniru 43525 Elizabeth St. Mt. Clemens, MI, 48043	OR	MCHD_MRC@macombgov.org	OR	Fax: (586) 307-8259
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PERSONAL CONTACT INFORMATION

Last Name:			Date of Birth:	
First Name:		MI:		Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male
Current Address:				
City:	State:	Zip Code:		
Home Phone:		May we contact you via text message? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Cell Phone:				
E-mail Address:				
Ethnicity: <input type="checkbox"/> African American or Black <input type="checkbox"/> AmericanIndian/NativeAlaskan <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> NativeHawaiian/PacificIslander <input type="checkbox"/> White or Caucasian				

VOLUNTEER INTEREST

How did you hear about our program?

Why do you want to volunteer?

MACOMB COUNTY HEALTH DEPARTMENT MRC CONSENT

I understand that all of the information I've provided on this application will be held confidential within the Macomb County Health Department (MCHD) and is restricted for use by the MCHD Medical Reserve Corps (MCHD-MRC). I give permission to the MCHD-MRC to inquire into my personal and work contact information, licensure, and certifications.

I understand and agree that submitting this application form does not automatically register me as a MCHD-MRC volunteer, and that there may be certain qualifications I must meet, including the acceptance of established volunteer policies and procedures and a criminal background check before I may begin volunteering.

By submitting this form, I agree to a criminal background check and attest that the information I have provided is true and accurate. I am not giving up any of my legal rights by volunteering in the MCHD-MRC and have the opportunity to ask questions and to cease volunteering at any time.

I agree to the above consent, and I understand that checking this box signifies my electronic signature.

Type Name of Applicant:	Date:
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