

Wood County Medical Reserve Corps Volunteer Application

Wood County



During a state or national disaster, the Ohio Responds Volunteer Registry system may receive requests for potential volunteers. If a decision is made to request your services as a volunteer, you will be contacted at that time through the automated system and asked about your availability. You can choose, at any time, to decline any request for activation.

To be a volunteer, you must:

- Be 18 years or older
- Complete an approved training PRIOR to registering, and every three years after, in order to maintain Liability Protection (Ohio Administrative Code 121:40-1-04).
- Fill out this entire form.
- Keep your profile up to date (contact information, professional license, etc.)

Contact Information

Name (First, Middle, Last)			
Street address			
City, State and ZIP			
County you live in:	<input type="checkbox"/> Wood	<input type="checkbox"/> Hancock	<input type="checkbox"/> Sandusky
	<input type="checkbox"/> Lucas	<input type="checkbox"/> Fulton	<input type="checkbox"/> _____
Phone number			
Phone number type	<input type="checkbox"/> Work Phone	<input type="checkbox"/> Mobile Phone	<input type="checkbox"/> Pager
	<input type="checkbox"/> Home Phone	<input type="checkbox"/> TTD/TTY	
Do you want a call or a text? (choose only one)		<input type="checkbox"/> Call	<input type="checkbox"/> Text
Primary email address		@	
Requested username for Ohio Responds Volunteer Registry system	1 st choice		2 nd choice

Emergency Contact

Name			
Relationship	<input type="checkbox"/> Parent/Guardian	<input type="checkbox"/> Spouse	<input type="checkbox"/> Partner
	<input type="checkbox"/> Sibling	<input type="checkbox"/> Child	<input type="checkbox"/> Other relative
	<input type="checkbox"/> Co-worker	<input type="checkbox"/> Friend	
Phone number			

Profession/Trade

What is your current professional status? (Mark all that apply.)	<input type="checkbox"/> Active/Full time	<input type="checkbox"/> Active/Part time	<input type="checkbox"/> Retired	<input type="checkbox"/> Student
	<input type="checkbox"/> Licensed/Certified	<input type="checkbox"/> Non-Licensed		
	<input type="checkbox"/> Inactive less than 5 years	<input type="checkbox"/> Inactive more than 5 years		
Occupation or Skill type	<input type="checkbox"/> Medical	<input type="checkbox"/> Nonmedical	<input type="checkbox"/> Not sure	
What state(s) do you work in?	<input type="checkbox"/> OH	<input type="checkbox"/> MI	<input type="checkbox"/> IN	<input type="checkbox"/> _____

Profession/Trade continued

Select your primary occupation from the list below.

- 211 Customer Service Support
- Administrative Support Worker
- Advanced Practice Nurse*
- Animal Control Worker
- Architect
- Budget Analyst
- Building and Grounds Cleaning and Maintenance
- Bus and Truck Mechanic or Diesel Engine Specialist
- Bus Driver, Transit and Intercity
- Cardiovascular Technologist or Technician*
- Cement Mason or Concrete Finisher
- Certified Health Physicist*
- Certified Nurse Assistance*
- Certified Nurse Midwife*
- Certified Radiological Technologist*
- Certified Registers Nurse Anesthetist*
- Chaplin
- Child Care Worker
- Chiropractor*
- Clergy, All Other
- Clerk, Bookkeeping, Accounting, or Auditing
- Clinical Nurse Specialist*
- Commercial Driver
- Construction and Related Worker, All Other
- Construction Carpenter
- Correctional Officer
- Counselor, Substance Abuse and Behavioral Disorder*
- Dentist*
- Detective or Criminal Investigator
- Diagnostic Imaging Technician*
- Diagnostic Medical Sonographer*
- Diagnostic Radiological Physicist*
- Dispatcher
- Dredge operator
- Embalmer
- EMT- Basic*
- EMT- Intermediate*
- EMT- Paramedic*
- Engineer
- Excavating/Loading Machine Operator
- Fire Fighter
- Fire Investigator
- Food Preparation or Serving
- Food Service, Manager
- Funeral Director
- General Animal Responder
- General Laborer
- Government
- HazMat Removal Worker
- Health Physicist*
- Health Physicist Technician*
- HVAC Mechanic
- Home Health Aid*
- Information Technology
- Inspector, All Other
- Inspector, Building
- Installation, Maintenance, or Repair
- Insurance
- Interpreter
- Interpreter, Sign Language
- Law Enforcement
- Law Enforcement, Detective or Criminal Investigator
- Law Enforcement, First Line Supervisor/ Manger
- Lawyer
- Licensed Practical Nurse*
- Licensed Vocational Nurse*
- Limited X-Ray Machine Operator (LXMO)*
- Locksmith
- Magnetic Resonance Imaging (MRI) Technologist*
- Maintenance and Repair Worker
- Marriage and Family Therapist*
- Massage Therapist*
- Mechanic
- Medical/Clinical Lab Technician*
- Medical/Clinical Laboratory Technologist*
- Medical or Public Health Social Worker*
- Medical Assistant*
- Medical Health Physicist*
- Medical Nuclear Radiological Physicist*
- Medical Records and Health Information Technician*
- Medical Records and Health Information Technologist*
- Military
- Nuclear Medicine Technologist*
- Nuclear Technician
- Nurse Practitioner*
- Personal Care and Service
- Pharmacist*
- Pharmacy Intern*
- Phlebotomist*
- Physician Assistant*
- Physician D.O.*
- Physician M.D.*
- Physicist
- Pilot, Airline
- Plumber
- Procurement Specialist
- Psychiatric/ Mental Health Nurse*
- Psychologist*
- Public Health Nurse*
- Public Relations Specialist
- Public Relations Support
- Radiation Protection Professional
- Radiation Safety
- Radiation Therapist*
- Radio Operator
- Radiologic Technologist or Technician*
- Radiology Practitioner Assist. (RPA)*
- Registered Nurse*
- Registered Radiologist Assist. (RRA)*
- Respiratory Therapist*
- Roofer
- Safety Officer
- Sanitarian, Registered
- Social and Human Service
- Social Worker
- Social Worker, Medical and Public Health*
- Social Worker, Mental Health and Substance Abuse
- Social Worker/ Clinical*
- Storage and Distribution Manager
- Surgical Technologist*
- Switchboard Operator
- Therapeutic Radiological Physicist*
- Translator
- Transportation Manager
- Transportation Worker, All Other
- Truck Driver- Tractor- Trailer
- Truck Driver, light or delivery services
- Veterinarian*
- Veterinary Technician*
- Welder

*medical occupations

Occupation not listed. (Please specify): _____

Medical Profession Information

If you have a medical occupation, please complete the following information.

If the name on this license is different from the name you provided in your personal information, please enter the name exactly as it appears on your license.

Name (First, Last)			
License Number			
Issuing State/Jurisdiction		Expiration	
Is your license in good standing? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is your license free of adverse actions and restrictions? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Your most recent place of practice: <input type="checkbox"/> Clinic <input type="checkbox"/> Hospital <input type="checkbox"/> Other: _____			
Name of most recent clinic, hospital or other facility			
City and State			
Faculty phone number (To verify your active affiliation and eligibility should you be asked to respond.)			

Agreement and Signature

- Terms of Service:** By checking this box, I indicate that I agree to the Terms of Service and have read and understand the Privacy Policy for this site. My submission of this form will constitute my consent to the collection and use of this information and the transfer of this information across the Internet to processing and storage facilities supporting this system. I also agree to receive required administrative and legal notices such as this electronically.
- Information Pledge:** By checking this box, I pledge to provide only correct information when completing this registration process. I also give consent to Ohio Responds Volunteer Registry and their designated agents to collect, use, verify, and maintain any information that is collected through the use of this site.
- Liability Protection:** I understand that in order to maintain the liability protection provided in the Ohio Admin Code 121:40-1-04, I must complete an approved training every 3 years. Please note some unit(s) require additional trainings as part of unit membership. A list of approved training opportunities can be found on www.ohioresponds.gov by hovering over the "Training Opportunities" tab and selecting from the drop down.
- Training Information Pledge:** I understand I must keep my training information up to date in the Ohio Responds Volunteer Registry
- This application is true to the best of my knowledge.**

Name (printed)		
Signature		Date

Return completed application to psnyder@co.wood.oh.us. If you have any questions, contact Pat Snyder, Communications Manager, Wood County Health Department at 419-352-8402 ext 3232.

Thank you for completing this application form and for your interest in volunteering with us.