

Central Florida Medical Reserve Corps



Volunteer Application

As a candidate for a volunteer position with the Central Florida MRC (CFLMRC), I am willing to furnish information for use in determining my qualifications. I authorize release of any and all information that you may have concerning me, including information of a confidential or privileged nature. I understand that for security purposes a basic background check will be conducted to determine my eligibility utilizing Florida Department of Health Chapter 110 Volunteer application requirements.

PLEASE PRINT CLEARLY. IT IS IMPORTANT THAT YOU ANSWER ALL QUESTIONS ON THIS APPLICATION FULLY AND ACCURATELY. ALL APPLICANTS SHOULD REVIEW THEIR ON-LINE APPLICATION AT WWW.SERVFL.COM FOR COMPLETENESS. SOME DUPLICATION OF INFORMATION MAY OCCUR IN THE WEB REGISTRY AND ATTACHED FORMS TO ENSURE ACCURATE CAPTURE OF REQUIRED INFORMATION FOR MEMBERSHIP.

Personal Contact Information

(Circle One) Mr. Ms. Mrs. Other: _____

Name: _____
Last First Middle Maiden Name/Other Names used

Education: High School _____ Year Graduated: _____

College/Graduate School/Other:

School Name: _____ Location: _____

Type of Degree: _____ Major/Specialization: _____

School Name: _____ Location: _____

Type of Degree: _____ Major/Specialization: _____

School Name: _____ Location: _____

Type of Degree: _____ Major/Specialization: _____

Military Service Branch: _____ Dates of Service: _____

For Students, please complete the following information:

School Name: _____ Type of Degree: _____

Major/Specialization: _____ Expected Completion Date: _____

Volunteer Experience

Please list any current or previous volunteer activities:

Why do you wish to volunteer with the Medical Reserve Corps?

I hereby authorize the Central Florida MRC, its designee, or agent, to investigate my past or current activities and to receive full and complete disclosure of all records relating to me and my past employment, criminal or traffic reports or arrest reports or investigations.

I understand that the Central Florida MRC at times handles sensitive or confidential information; the disclosure of which could adversely affect a criminal investigation and in some instances may be a violation of law. I agree not to disclose any information obtained by me while engaged in my volunteer duties unless specifically authorized in advance by a supervisor. I understand that my failure to comply with this paragraph will result in my removal from the volunteer program.

I hereby indemnify and hold the Central Florida MRC harmless from and against, any and all liability, for any injury to my property or myself or any other damage or cause of action, which may arise while I am engaged in volunteer activities with the Medical Reserve Corps. I agree that the Central Florida MRC will not be responsible for any activities, liability, suits or damages which may occur during or as a result of my volunteer status with the Central Florida MRC, which occur outside the scope of the responsibilities and duties assigned to me.

The statements made by me in this application are true and complete to the best of my knowledge. I understand that any misstatements or material omission on this application will be considered sufficient cause to disqualify me for volunteer opportunities with the Central Florida MRC.

SIGNATURE: _____ DATE: _____

Central Florida Medical Reserve Corps

Please read the following statements carefully. Sign and return this form with your completed application.

Automatic Disqualifiers

The Central Florida Medical Reserve Corps will NOT consider the application of any individual who:

1. Has been convicted of a felony or any offense that would be a felony if committed in Florida.
2. Has used illegal drugs within the last six months.
3. Has sold marijuana or other illegal drugs within the last two years.
4. Has falsified his or her application, including the omission of required information.

Discretionary Disqualifiers

The following disqualifiers MAY, upon review, makes you ineligible for the Central Florida Medical Reserve Corps:

1. A physical or mental disability that would substantially impair an individual's ability to perform his or her duties with a reasonable accommodation.
2. Misuse or abuse of alcohol or prescription drugs.
3. A demonstrated unwillingness to honor fiscal contracts or just debts.
4. Any conduct or pattern of behavior that would tend to disrupt, diminish or otherwise jeopardize public trust in a public position.
5. Misdemeanors
6. Loss of professional licensure
7. Revoked drivers' license

I have read and understand the above disqualifiers. Please consider my application for participation in the Central Florida Medical Reserve Corps.

Signature: _____ **Date:** _____



INTERN, VOLUNTEER, OR CLINICAL ROTATION APPLICATION

Thank you for your interest in an intern position, volunteer position or clinical rotation with the Orange County Health Department. Volunteers must complete Sections 1, 3, 4, and 5 of this application. Interns must complete Sections 1, 2, 3 and 5 of this application.

SECTION 1: CONTACT INFORMATION

Name _____ Age (18 & Above) _____ Date _____

Mailing Address _____ City _____ State _____ Zip _____

_____/_____/_____

Work Telephone _____ Home Telephone _____ Cell Phone _____

Email: _____

Emergency Contact _____ Telephone Number _____

SECTION 2: COLLEGE / NURSING / INTERN EDUCATION:

College / University _____

Address _____

Is there a contract in place with your school and the Orange County Health Department? _____

Intern Coordinator _____ Phone Number _____ E-mail Address _____

Major _____ Specialty _____

Semester Hours Completed Toward Degree _____ Type of Degree _____

Start Date _____ End Date _____ # Hours for Internship _____

SECTION 3: AREA OF INTEREST

Please review the brief description below and indicate your top 3 choices; by placing the 1, 2, or 3 in the space provided. This will assist us in helping you achieve your internship goals.

Medical (M) - Medical students, medical residents, medical fellows

Nursing (N) – LPN, RN, BSN, MSN, or ARNP / CNM students

Clinical (C) – Social work, public health students

Other (O) – Non-clinical students, volunteers

- | | |
|---|---|
| <input type="checkbox"/> Administration (Clerical) (O) | <input type="checkbox"/> Community Health / |
| <input type="checkbox"/> Epidemiology (EPI) (M) | Academic Research (C) (O) |
| <input type="checkbox"/> Dental (M) | <input type="checkbox"/> Environmental Health (EVH) (O) |
| <input type="checkbox"/> Health Information Management (HIM) (O) | <input type="checkbox"/> Healthy Start / Mom Care (N), (C) |
| <input type="checkbox"/> Immunology (HIV/AIDS Services) (M), (N) | <input type="checkbox"/> Information Technology (IT) (O) |
| <input type="checkbox"/> School Health (N) | <input type="checkbox"/> Tuberculosis / Refugee Health (TB) (M), (N) |
| <input type="checkbox"/> Women's Health (WHS) (M), (N) | <input type="checkbox"/> Women's Infants & Children (WIC) (O) |
| <input type="checkbox"/> Public Health Administration (O) | <input type="checkbox"/> Strategic Planning / |
| <input type="checkbox"/> Emergency Operations (O) | Performance Improvement (O) |

MRC

SECTION 4: VOLUNTEER INFORMATION

List any professional license, registration, or certificate you currently possess (include certificate/license number): _____

List any special skills: _____

List any special accommodations: _____

List two personal references, not related to you, whom you have known for more than one year:

_____ NAME	_____ NAME
_____ ADDRESS	_____ ADDRESS
_____ CITY/STATE ZIP	_____ CITY/STATE ZIP
_____ PHONE	_____ PHONE

List your most recent volunteer or employment experience:

EMPLOYER	COMPLETE MAILING ADDRESS	TELEPHONE
JOB TITLE	DATES OF VOLUNTEER/EMPLOYMENT	

Specify the days and time frames you are available to volunteer:

Day of Week	Hours	Day of Week	Hours
Sunday		Thursday	
Monday		Friday	
Tuesday		Saturday	
Wednesday			

Are you willing to participate in outreach events that occur on weekends or evenings? If so, indicate hours in chart above.

SECTION 5: BACKGROUND INFORMATION

Have you ever been convicted of or plead nolo contendere to a driving or criminal offense?

Yes _____ No _____ if yes, please explain (including types of offenses and dates):

It shall be a misdemeanor of the first degree to fail to disclose, by false statement, misrepresentation, impersonations or other fraudulent means, any material fact used in making a determination as to a person's qualifications to work as a volunteer.

I understand that, to protect persons served by the department, a routine check through law enforcement, license bureaus, agency files, and references may be made. I understand that a criminal offense will not automatically exclude me from all volunteer positions; however, certain convictions will exclude me from volunteering in some positions. I understand that if I answered no to the criminal offense question on the front of this application and a record should be obtained, it will prevent me from volunteering for the department regardless of the offense. I understand upon submission of this application it becomes public record.

I understand and agree that all information as it relates to persons served by the department is to be held confidential in compliance with Florida Statutes. All information that should come to my attention and knowledge as privileged and confidential will not be disclosed to anyone other than authorized personnel and that I shall conduct myself in accordance with the departmental security policies. I understand that failure to comply may result in criminal prosecution.

I affirm that all information on this application is true and correct.

Signature

_____/_____/_____
Date

Your typed name in the signature block will be accepted as your signature.

SECTION 6: AGENCY USE ONLY

INTERVIEWER'S COMMENTS

Date of Interview: ____ / ____ / ____ Interviewer's Name: _____

Background screening being paid by: ____ OCHD Dept ____ Intern ____ School X MRC

Date Background Screening Completed

Date Orientation Completed

ASSIGNMENT

Program

Location

Supervisor

Date of Placement

Supervisor agrees to have volunteer / intern fill out time sheet and submit monthly to volunteer coordinator.

It is unlawful for an employer to refuse or deprive any individual of volunteer opportunities because of race, color, religion, sex, national origin, age, marital status, or handicap. Applicants who believe they have been discriminated against may file a complaint with the Florida Commission on Human Relations, 2009 Apalachee Parkway, Suite 100, Tallahassee, Florida 32301-4857.



Volunteer Record Check

I, _____, hereby grant
Print Full Name: First Middle Last (Maiden, if applicable)

permission to the Department of Health to obtain information from local and state law enforcement agencies to help determine my suitability to serve as a Department of Health volunteer. I understand that if the records check shows any violations committed or other information about my background that would indicate unsuitability or a risk, I may not be accepted into the Department of Health Volunteer Program.

Social Security Number

Date of Birth

Race/Sex

Complete Address City State Zip

Signature

Date