



Hardin County Medical Reserve Corps Volunteer

Application and Interview Process

February 2015 Reviewed June 2017

Mission Statement

The Hardin County MRC seeks to support the existing medical response infrastructure to improve the health of Hardin County citizens, especially during times of disaster and great community need. Should our assistance be requested, we will also support the health needs of other communities across the nation during times of emergency. We will train our volunteers and leaders in emergency preparedness and other public health and support functions so that when the need arises, we are ready to serve. Our training and plans will pay special attention to populations often overlooked in emergency preparedness, including children, the disabled and the elderly.

Membership

Membership in the Hardin County Medical Reserve Corps is open to anyone with a desire to serve the community. Although the focus of the MRC is public health emergencies and public health initiatives, volunteers with no medical licensure are needed to assist with administrative and other essential functions.

Application Process

1. Volunteers are asked to take a training course in advance of registering. Please contact the MRC Coordinator to find out about training options and procedures.
2. Volunteers are encouraged to apply online using the Ohio Responds website, www.ohioresponds.gov, the volunteer registration and coordination site for the state of Ohio. Volunteers may register by following these steps:
 - Log on to www.ohioresponds.gov
 - Click **Ohio Citizen Corps Program** at the top of the screen
 - Select **Ohio Medical Reserve Corps (OMRC)**
 - Select **Register as a Volunteer on the Volunteer Registry** (listed under How to Get Involved)
 - Click **Register Now** and follow the registration instructions

For those volunteers who wish to register, but do not have access to the Internet, please contact the Hardin County MRC Coordinator. **See Appendix A for a copy of the paper application.**

3. Upon completion of the on-line or paper registration applicants will be added to the e-mail and postal mail lists so they will receive notices of trainings and volunteer opportunities.
4. At this time the applicant will be contacted by the MRC Coordinator or designee for a phone or in-person interview.
5. After the interview process the volunteer will be contacted to make arrangements to continue with the required training, and to receive their MRC ID, Go Pack and Volunteer handbook.
6. At this point all medical volunteers will have their credentials verified.

Examples of Possible Interview Questions

1. Why do you want to be part of the Medical Reserve Corps?
2. Do you presently volunteer with other organizations? What have you liked/not liked about volunteering?

3. Do you have family members who depend on you? (If yes, what plans have you made for their care during an emergency situation?)
4. What do you consider your special skills and strengths to be?
5. What are your hobbies and special interests?
6. Are you interested in non-emergency volunteer opportunities? (i.e. Health Fairs, Events, etc.)
7. Have you ever been convicted of a crime? If yes, what offense?
8. For Medical Volunteers: Medical Volunteers are responsible for maintaining their credentials and updating their licensure information in the database. Is this a commitment you can make?
9. Is there anything else you would like to tell me? Do you have any questions? Do you understand the next steps in the Registration Process?

Appendix A



Hardin County Medical Reserve Corps Volunteer Application

Personal Information

First Name: _____ Middle Name: _____
Last Name: _____
Home Address: _____ Apt #: _____
City: _____ State: _____ Zip Code: _____ County: _____
Primary Telephone: _____ Primary e-mail: _____
Date of Birth: _____ Gender: M F Prefer not to answer
Driver's License number: _____
State issued: _____ Expiration Date: _____

Secondary Contact Information

Work Address: _____ City: _____
State: _____ Zip Code: _____
Secondary phone number: _____ Secondary e-mail: _____

Emergency Contact Information

Name: _____
Relationship: _____
Emergency contact telephone: _____
Emergency contact address: _____ City: _____
State: _____ Zip Code: _____

Response Area

Where would you volunteer in Ohio (counties)? _____
Would you volunteer anywhere in the state of Ohio? (Y/N) _____
Would you volunteer anywhere in that nation? (Y/N) _____
Are you interested in animal response? (Y/N) _____ If yes, you will be referred to a local coordinator and the Central Ohio Animal Response Team, in addition to the HCMRC.

Skills

Education Level: HS Diploma/Associates/Bachelors/Masters/Doctoral(DVM,MD,PhD)/Other
Are you a licensed healthcare provider?(Y/N) _____
Medical License Information: _____
Languages spoken: _____
Specialties: _____
Certifications: _____
Attachments: _____
Additional Comments: _____

Please update your profile at www.ohioresponds.gov or contact the Hardin MRC coordinator at (419) 673-6230 or atracy@co.hardin.oh.us