



**Hardin County Medical Reserve Corps
Volunteer
Application and Interview Process**

February 2015 Reviewed June 2021

Mission Statement

To serve, protect and be there in a time of need for our neighboring villages and residents.

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?)
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 thamilton@hardinhealth.org