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## VOLUNTEER APPLICATION

Last Name		First Name		Middle Initial
Home Mailing Address				
City		State		Zip Code
Home Phone		Cell Phone		Email
Employer			Title	
Work Mailing Address				
City		State		Zip Code
Work Phone		Work Fax Number		Email
Are you willing to travel? Yes / No <span style="float: right;">If yes, Indicate which counties: <u>ALL</u></span> <input type="checkbox"/> Cherokee <input type="checkbox"/> Cullman <input type="checkbox"/> Franklin <input type="checkbox"/> Lauderdale <input type="checkbox"/> Limestone <input type="checkbox"/> Marion <input type="checkbox"/> Morgan <input type="checkbox"/> Colbert <input type="checkbox"/> DeKalb <input type="checkbox"/> Jackson <input type="checkbox"/> Lawrence <input type="checkbox"/> Madison <input type="checkbox"/> Marshall <input type="checkbox"/> Winston				
What is the maximum number of days that you can be away?				
Do you have Hospital Privileges? Yes / No				
If yes, Indicate Where:				
Please list any specialty:				
Type: Medical Professional: <input type="checkbox"/> Doctor <input type="checkbox"/> Nurse Practitioner <input type="checkbox"/> Nurse <input type="checkbox"/> Pharmacist <input type="checkbox"/> Dentist <input type="checkbox"/> Respiratory Therapist <input type="checkbox"/> Veterinarian <input type="checkbox"/> Mental Health _____ <input type="checkbox"/> Other _____			License Type:  Number:  Expiration Date:	
Do you have Rx Authority? Yes / No			If yes, what is your DEA number?	
Do you have a valid AL driver's license? Yes / No				
Please list all languages you speak:				
Have you ever been convicted of a felony? Yes / No				
A misdemeanor (other than a traffic violation)? Yes / No				
If yes, please explain:				
A Criminal Background Check may be required of some volunteers:				
<input type="checkbox"/> YES, I agree that a background check may be performed. Last four digits of SSN:    _  _  _  _				
<input type="checkbox"/> N/A, My professional organization performs background checks.				
Date of Birth: ____/____/____			Other Names: _____	
Print Name			Date	
Signature				

### **Privacy Act Statement**

This information is requested by the Alabama Department of Public Health for the purpose of organizing volunteers and staff to respond to public health emergencies. It will not be utilized or released for any other purpose without your express written permission unless required by law.

**Please email to: [ashleymcms@bellsouth.net](mailto:ashleymcms@bellsouth.net)  
Fax: 256-881-7424  
Or mail to: Ashley Hays, Director, North Alabama Medical Reserve Corps  
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