



3330 L&N Drive
 Suite I
 Huntsville, AL 35801
 Telephone: 256-881-7321
 Facsimile: 256-881-7424
 www.northalabamamrc.com

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				If yes, Indicate which counties: <u>ALL</u>		
<u>Cherokee</u>		<u>Cullman</u>	<u>Franklin</u>	<u>Lauderdale</u>	<u>Limestone</u>	<u>Marion</u>
<u>Colbert</u>		<u>DeKalb</u>	<u>Jackson</u>	<u>Lawrence</u>	<u>Madison</u>	<u>Marshall</u>
<u>Winston</u>						
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"/> Student <input type="checkbox"/> Resident <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: _ _ _ _ Date of Birth: ___/___/___ Other Names: _____ <input type="checkbox"/> N/A, My professional organization performs background checks.						
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: loganmcms@bellsouth.net

Fax: 256-881-7424

Or mail to: Logan Robinson, Coordinator, North Alabama Medical Reserve Corps

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