



SHELBY COUNTY MEDICAL RESERVE CORPS (MRC) VOLUNTEER REGISTRATION FORM

Please print clearly.

Today's date _____

Personal Contact Information

Last Name _____ First Name _____ Middle _____

Home Address _____ Apt. No. _____

City _____ State _____ Zip Code _____ County of Residence _____

Home Phone () _____ Work Phone () _____ ext. _____ Mobile Phone () _____

Email Address _____ Date of Birth: _____

Emergency Contact Name: _____ Relationship: _____

Primary Contact Number: _____ Secondary Contact Number: _____

Gender (Circle): Male Female

Professional Background (optional)

If you would like to provide any professional background experience that may be useful when volunteering:

Professional License (if applicable): _____

License status (circle): Active Inactive Student Retired In good standing (circle) Yes No

License #: _____ License expiration: _____ Issuing State: _____

Skills or Certifications (if applicable): _____

Place of Practice/ Employer: _____ Address: _____

Degree: _____ Institution: _____

Institution City: _____ State: _____ Conferred Month/Year: _____

Information from this form will be entered into Ohio Responds, which is the volunteer management site for MRC volunteers. <https://www.ohioresponds.odh.ohio.gov/>. Once your application is processed, you will be e-mailed log-in information to access and update your account as needed. Changes can also be made by contacting the Sidney-Shelby County Health Department MRC Coordinator.

Return this form to:

Sidney-Shelby County Health Department
202 West Poplar Street
Sidney, Ohio 45365
(937) 498-7249

sschd@shelbycountyhealthdept.org

Updated 5/15/2023





Shelby County Medical Reserve Corps

Code of Conduct:

The purpose of this code is to establish standards of conduct for all volunteers by identifying those acts or actions that are compatible with the best interest of the individuals served by this agency.

- I will treat all individuals served by this agency with the same care and compassion.
- I will not accept either directly or indirectly, any gift, gratuity, or anything of value from clients served by this agency.
- I will not discuss controversial topics such as, religious beliefs, political views, nor offer medical advice outside of my role.
- I will not report for duty while under the influence of an intoxicant or controlled substance, nor will I consume any such substance during working hours.
- I shall be neat and clean, and dress in a manor appropriate to the nature of my assignment.
- I understand that smoking is not permitted in buildings, or on the grounds of buildings operated by this agency.
- I understand that this agency will not provide a locked spot for valuables, such as purses, and is not responsible for loss or theft of personal items.
- I understand that it is against the policy of this agency, and illegal under state and federal law for any volunteer, male or female, to sexually harass another volunteer.
- Accurately recording time worked is the responsibility of every volunteer. I agree to sign in and sign out for every volunteer shift.
- I will exercise care and follow all operating instructions, safety standards, and guidelines when using equipment, machines, tools, etc. that belong to this agency or belong to the facility being used by this agency. If any equipment, machines, tools or medical supplies appear to be damaged, defective, or in need of repair, I will notify the supervisor immediately.
- I am willing to comply with directives issued by the Medical Reserve Corps. I will uphold and follow the MRC policies outlined and the policies of organizations that support the MRC. I understand that I may be released from an assignment and/or removed from the Medical Reserve Corps for a violation of policy or a personnel/performance issue.
- I will have adequate health insurance to protect myself against financial loss should an accident or injury require medical care or result in loss of wages.
- I consent to the photography, audio and video taping of myself during MRC activities for education, instruction, or public information, with or without the use of my name in any medium, including publication or broadcast, print, television, radio, the internet or promotional or educational material.
- I understand my Ohio Responds profile must be kept up to date; and, I may be asked to undergo background check and licensure verification initially and throughout my MRC membership.
- I verify that within the last year, I have not been convicted of a felony or of a misdemeanor resulting in imprisonment.

Confidentiality Statement:

In the course of volunteering with this agency, I recognize that it is my responsibility to maintain the confidentiality of all information that identifies a client, or discloses any information about the client; and to comply with the Health Insurance Portability and Accountability Act (HIPAA) standards.

I agree that I will not share any information I may obtain in verbal or written form. I also agree that I will not share any client information even if the information is available through other means. I further acknowledge that the confidentiality policy applies after termination as a volunteer with this agency.

I have read this document, and agree to provide volunteer services in accordance with these standards.

Volunteer Signature

Date