

# Medical Reserve Corps Unit Volunteer Application



Fax, email or mail application to:

Saralou Hendrickson

St. Louis County Department of Health • 111 South Meramec Ave. • Clayton, MO 63105

Phone: 314-615-1635 • Fax: 314-615-7643 • Email: [SHendrickson@stlouisco.com](mailto:SHendrickson@stlouisco.com)

Today's Date:

<b>Last Name</b>	<b>First Name</b>	<b>M. I.</b>	<b>Fluent Language Skills (list)</b>		
<b>Home Address</b>		<b>City</b>		<b>State</b>	
<b>Business Address</b>		<b>City</b>		<b>State</b>	
<b>Area Code &amp; Telephone</b>		<b>Area Code &amp; Cell Phone</b>		<b>Email</b>	
<b>Emergency Contact Name</b>		<b>Relationship</b>		<b>Area Code &amp; Phone Number</b>	
<b>WEEKDAY</b> Availability for training		Morning <input type="checkbox"/>	Afternoon <input type="checkbox"/>	Evening <input type="checkbox"/>	
<b>WEEKEND</b> Availability for training		Morning <input type="checkbox"/>	Afternoon <input type="checkbox"/>	Evening <input type="checkbox"/>	
<b>Current License/ Certifications (including Drivers License)</b>					
<b>Type</b>	<b>Number</b>	<b>Date of Expiration</b>	<b>State</b>		
<b>EDUCATION &amp; TRAINING HISTORY</b>					
<b>Date Attended</b>	<b>Institution Name</b>	<b>City</b>	<b>State</b>	<b>Major/ Degree</b>	
<b>WORK EXPERIENCE</b>					
<b>Organization</b>	<b>Address</b>	<b>City</b>	<b>State</b>		
<b>VOLUNTEER EXPERIENCE</b>					
<b>Organization</b>	<b>Address</b>	<b>City</b>	<b>State</b>		
<b>Additional Questions:</b> Note a "yes" or "no" answer will not necessarily disqualify any applicant from becoming a volunteer.				<b>Yes</b>	<b>No</b>
Are you licensed to operate a motor vehicle in this state?					
Has your license to operate a motor vehicle ever been revoked?					
Have you ever been convicted of a felony or received a misdemeanor that resulted in imprisonment? If yes, please explain					