



MEDICAL RESERVE CORPS APPLICATION



MARIN COUNTY EMS AGENCY
899 Northgate Drive #104, San Rafael, CA 94903
ph. 415-473-6871 fax 415-473-3747
www.MarinEMS.org

Last Name			First Name			Middle Initial			
Residence Address				Mailing Address if Different than Residence Address					
City		State	Zip	City		State	Zip		
Home Phone			Mobile Phone			Social Security Number			
E-mail					Date of Birth				
Emergency Contact Name				Phone			Relationship		
Education Institution				Degree			Dates		
Credential Type		License Status <input type="checkbox"/> Active <input type="checkbox"/> Inactive <input type="checkbox"/> Other		License/Certification No.			Expires		
Specialty				Language(s) spoken					
Employer				Position			Dates		<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time

Within the last ten (10) years, have you been convicted of any felony or misdemeanor offense in California or in any other state or place, including entering a plea of nolo contendere or no contest, including any conviction which has been expunged (set aside) under Penal Code Section 1203.4? Yes No

Are there any criminal charges currently pending against you? Yes No

If you answered yes to either of these questions, attach a detailed statement describing the crime(s), date, location, court, sentence served, and parole if any. You must also attach any applicable court documents and police reports.

Have you ever had a certification, accreditation, or professional healing arts license denied, suspended, revoked or placed on probation, or are you under investigation at this time? Yes No

If yes, you must enclose with this application a written explanation that describes the action, any corrective action, and/or remediation as a result of the action.

I do not object to the MMRC taking photos of my likeness during training/activation and potentially using the images in training and outreach materials. I understand that it is my responsibility to alert the photographer if I object to the taking of my photo.

I hereby certify that all information on this application is true and correct to the best of my knowledge and belief, and I understand that any falsification or omission of material facts may cause forfeiture on my part of all rights to membership in the Marin County MRC. I understand all information on this application is subject to verification, and I hereby give my express permission for the County of Marin to contact any person, agency or institution for information related to my role and function as a Medical Reserve Corps volunteer. I hold Marin County harmless of any liability, criminal or civil, that may arise as a result of the release of this information about me. I also hold harmless any individual or organization that provides information to Marin County.

Signature of Applicant: _____

Date: _____



Marin Medical Reserve Corps
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FAX: 415-499-3747
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