

Please email, fax or mail completed application to MRC Coordinator.

MRC.Hillsborough@flhealth.gov  
FAX (813)276-8689

## MRC Volunteer Application

Florida Department of Health  
Public Health Preparedness  
PO Box 5135  
Tampa, FL 33675



### A. CONTACT INFORMATION:

First Name		MI	Last Name	
Street Address				
City	Zip Code	*Email Address		
Home Phone	Work Phone	Other (Mobile, Pager)	FAX	
Emergency Contact: Name: _____ Telephone: _____ Relationship: _____				
Which of the above is your preferred method of communication?				

### B. PROFESSIONAL INFORMATION:

Profession, occupation, and/or degree: (current or prior to retirement)		
Do you currently hold a health-related certification or license in Florida? <input type="checkbox"/> Yes <input type="checkbox"/> No (If No, Type N/A in required spaces below)		
*If yes, Florida certification or license number:		*License Status:
If you are a certified physician, please list your specialty:		
Current Employer (if applicable):		
Professional area of specialty or skills:		
Are you First Aid certified? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you CPR certified? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you part of any other emergency/disaster response team or alert system? <input type="checkbox"/> Yes <input type="checkbox"/> No		
*Please list other system(s) (e.g. local hospital, local fire department, American Red Cross team):		
_____		
_____		

### C. OTHER INFORMATION:

Please provide current Florida driver's license or Florida ID number *		
Are you fluent in any languages other than English <input type="checkbox"/> Yes <input type="checkbox"/> No *Please list language(s): _____		
What are your deployment preferences? <input type="checkbox"/> Local, <input type="checkbox"/> In-State, <input type="checkbox"/> Out of State (If No, Type N/A)		
Do you have any prior commitments to another health care agency or facility? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Please tell us about any skills you are willing to share that have not been listed above. _____		
_____		
* Please provide two professional or personal references. MRC Coordinator will contact them to obtain reference information.		
Name:	_____	Email: _____
Name:	_____	Email: _____

\* Required information. N/A, if not applicable.