Skagit County Medical Reserve Corps (MRC)

Supplemental Application

Name: _____ Date: _____

For us to better gauge our volunteers' skills we ask that you fill out this skills assessment. Please enter an "**X**" between 0 through 5 (0: no training whatsoever; 1: minimal experience and/or training; 2: some experience and/or training; 3: comfortable doing the task but not fully confident; 4: fully confident in doing the task due to training and experience; 5: well trained, confident, and able to train others) on what you think your skill level would be on the listed skills. This will also help us determine what type of training you will need as well as determining assignments.

	0	1	2	3	4	5
FIRST RESPONDER/MEDICAL						
Basic First Aid						
CPR						
Triage						
Vital Signs						
Burns						
Disaster Mental Health						
HOSPITAL/ALTERNATE CARE SITE MEDICAL: Only for licensed health care professionals to answer						
Immunizations/Injections						
Respiratory Therapy						
Cardiovascular						
Pediatrics						
Geriatrics						
Wound Care						
IV Therapy						
Blood Draws						
Communicable Diseases						
Pain Management						
ORGAN IZATION/SUPPORT:						
Interviewing patients						
Answering phones						
Computer Skills						
Data Entry						
Filing						
Traffic Control						
Translation/Interpretation/Sign Language						
Languages:						

Education/Work/Experience History

Education (highest level completed) ☐ High School ☐ College ☐ Graduate School ☐ Other: _____

Do you have a current CPR card/certification? ☐ Yes, Expiration Date: _____ ☐ No

Do you have a current AED certification? ☐ Yes, Expiration Date: _____ ☐ No

Do you volunteer or work in a: ☐ Hospital ☐ Clinic ☐ Health Center ☐ None of these

Do you have any training or experience with disaster preparedness or emergency response to disasters?

☐ Yes ☐ No If yes, please specify experience: _____

Do you have experience reviewing medical records using a standardized disease form? ☐ Yes ☐ No

Please list any professional medical licensure, certifications, and trainings (along with expiration dates) that may be relevant as a Medical Reserve Corps Volunteer:

References:

Please list at least one personal reference (name, email address, phone number, relationship):

Please list at least one professional reference (name, email address, phone number, relationship):

Other

Please describe any other certifications, trainings, or licenses you have that may be relevant as a Medical Reserve Corps volunteer (this can include non-professional, non-medical credentials):

If there is any more information you'd like to include, please do so here: