SOLANO
Healthcare Emergency Auxiliary Response Team
Be informed. Be prepared. Be ready. Be a volunteer.

APPLICATION FORM

VOLUNTEER

Name:		Date of Birth:	
Address (Mailing):		Address 2:	
City:	State:		Zip:
Phone (Day):	Phone (Evening):	Cell Phone:	
E-mail:		SSN (Optional):	

LICENSE(S)/CERTIFICATION(S)

Driver's License:	State of Issue:	License Class:	License Expiration:
Other Certification/License:		Expiration:	
Other Certification/License:		Expiration:	
CPR Certified: ☐ Yes ☐ No	Basic Level: ☐ Yes ☐ No	Provider Level: ☐ Yes ☐ No	
Expiration:	Certifying Agency:		
First-Aid Certified: ☐ Yes ☐ No	Basic Level: ☐ Yes ☐ No	Provider Level: ☐ Yes ☐ No	
Expiration:	Certifying Agency:		

LANGUAGE(S) OTHER THAN ENGLISH

Language (Other):	☐ Fluent	☐ Speak	☐ Read	☐ Write
Language (Other):	☐ Fluent	☐ Speak	☐ Read	☐ Write

VITAL STATISTICS/HEALTH

Height:	Weight:	Eye Color:	Hair Color:	Blood Type:
Hepatitis "A" Immunization:	☐ Yes ☐ No	Original Date:	Booster Date:	
Hepatitis "B" Immunization:	☐ Yes ☐ No	Original Date:	Booster Date:	
Tetanus Immunization:	☐ Yes ☐ No	Date of Last Shot:		
Tuberculosis (TB) Test:	☐ Yes ☐ No	Date of Last Shot:		
TdaP Immunization:	☐ Yes ☐ No	Date of Last Shot:		
Chicken Pox Immunization: ☐ Yes ☐ No	Small Pox Immunization: ☐ Yes ☐ No	Measles Immunization: ☐ Yes ☐ No		
Allergies:				

PERSON(S) TO NOTIFY IN CASE OF EMERGENCY

Name (1):		Name (2):	
Address:		Address:	
City:		City:	
State:	Zip:	State:	Zip:
Home Phone:		Home Phone:	
Cell Phone:		Cell Phone:	
Relationship:		Relationship:	

VERIFICATION AND CONSENT FOR BACKGROUND CHECK

I verify that the above information is accurate to the best of my knowledge. I give Solano HEART permission to inquire into my educational background, licenses, police records, and employment and/or volunteer history. I also give permission to the holder of any such information to release it to Solano HEART.

I hold Solano HEART and associated organizations harmless of any liability, criminal or civil, which may arise as a result of the release of this information about me. I also hold harmless to any individual or organization that provides information to the above named agency. I understand that Solano HEART will use this information only as part of its verification and approval of my volunteer application.

SOLANO COUNTY MEDICAL RESERVE CORPS VOLUNTEER AGREEMENT

As a volunteer with the Medical Reserve Corps, I agree to be called upon to assist in the event of a public health emergency. I agree to attend educational training to prepare me for my role in disaster response; I understand I will be assigned duties based on my level of training and experience. I understand that submitting this application does not guarantee acceptance into Solano HEART. The information contained in this application is true and correct to the best of my knowledge. I agree to serve my fellow citizens to the best of my professional ability.

CONSENT FOR MEDIA RELEASE

By volunteering, I grant authority to Solano County Health and Social Services to photograph and/or video/audiotape me and grant full permission to use any audio, written story, or likeness (photographs and/or videotape) of me, or written documents prepared by me, for promotional and educational purposes without receiving any financial return. I also agree to allow the County of Solano to maintain possession of written, audio and/or visual materials to be used for the purposes listed above.

Thank you for supporting your community and making the health and safety of Solano County a top priority.

Name (Print):	**Name (Signature):**	**Date:**

Please return application to:
Solano County HEART (MS 20-240)
355 Tuolumne Street, Suite 2400, Vallejo, CA 94590
Tel: 707-553-5843
E-mail: DPBoggs@Solanocounty.com