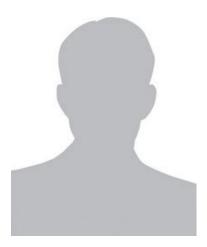
# **Volunteer Summary Report**

#### **Personal Information**



Name: Example User

Maiden Name: n/a

Date of Birth:

What district would you like to Three Rivers

What localities would you like to

serve?

Middlesex County

serve?

Primary Email: example@user.com

Secondary Email: n/a Gender: n/a Race:

Addresses

# **Mailing Address**

# **Home Address**

**Contact Phone** 

**Primary Phone:** Secondary Phone: Cellular - Primary

**Phone and Text Alerts** 

**Phone Number** 

Phone Type Home - Primary Messages Voice

Acknowledgment that message and data rates may apply based on carrier and individual cell phone plans was completed on 10/05/2015 at 8:43 AM.

### **Emergency Contact Information**

Name: n/a Relationship: n/a **Primary Phone:** n/a Secondary Phone:

### **Employer Reference**

**Current Job Status:** Full Time

Employer / Reference / School Name: CMG

**Primary Occupation:** Physician

Specialty Area/Field of Study FAMILY MEDICINE

Do you currently work as a licensed healthcare professional in a hospital?

## Education

Page Volunteer: 1 of 4 Volunteer: Example User Printed: 07/30/2020





Student?

No

Are you a Physician licensed to practice/perform in any other state?

Identification

Identification Type License Number State Expiration

**License & Certification** 

Credential TypeLicense NumberStateIssuing OrganizationExpirationHealthcare License0VAVirginia Department of Health Professions09/30/2018

Verified on 09/09/2009

**Current CPR & Life Support certifications:** 

Certification Type Issuing Organization Expiration

**Issued Equipment** 

Uniform

No uniform information on file.

N95 Mask

Are you qualified to perform fit-testing for N95

No

Have you ever been fit tested for a N95 mask?: No

Date last fit tested for a N95 mask: n/a

N95 Mask Brand: n/a

N95 Mask Style: n/a
N95 Mask Size: n/a

Languages

Primary Language: English Read-write-speak

**Additional Information** 

Volunteer: Example User Printed: 07/30/2020 Page Volunteer: 2 of 4





Are you at least 18 years old or have a parent's permission to volunteer?

Are you at medically fit and eligible to work or volunteer in the United States?

Do you have an unencumbered valid VA Medical License? Yes

Select any volunteer response organizations that you are affiliated with:

Community Emergency Response Team

Local Hospital Employee

Disaster Mortuary Operational Response Team (Dmort)

What other MRC's in Virginia have you registered with?

Are you willing to volunteer in the event of a public health emergency/disaster? Yes

Would you be willing to volunteer Statewide? No

Would you be willing to volunteer Nationally? No

How did you learn about the MRC?: Other

Additional Information: n/a

### **Application Status**

Application Status: Approved Application Date: 09/08/2008 Last Modified Date: 07/30/2020 Last Modified By: droyse Volunteer Start Date: n/a MRC Volunteer Level: Level 2 Medical/ESAR-VHP Level: Level 3 MRC Badge Issued Date: 09/25/2013

Yes

n/a

### Groups / Roles

 Group
 Role

 General Support
 Physician

 Mass Fatality Response Team - State
 Physician

Mass Fatality Response Team - Ocme Approved General Support Volunteer

Shelter Response Team - Local Physician

# **VVHS Comments**

No Active Comments

# **Previously Archived Comments:**

POSITION # IN WEBVISION VTRO35

#### Verification

DEA Verified: Yes 07/28/2020 References Verified: No **Education Verified:** Yes 07/30/2020 Interview: Yes Picture ID Verified: **Practice Verified:** No No **Hospital Privileges Verified:** Parental Consent: No No

**Criminal Background Investigation** 

Volunteer: Example User Printed: 07/30/2020 Page Volunteer: 3 of 4





Investigation Type Completed Updated By Result Reviewed By Decision Letter Sent

#### Acknowledgement



I acknowledge that I have read HIPAA and MRC Volunteer Liability Act and understand the information. I realize that there are civil and criminal penalties for the unauthorized use and disclosure of PHI.

I will abide by the volunteer policies and guidelines when performing my duties as a Medical Reserve Corps volunteer for the VDH.

 HIPAA Signed Date:
 09/25/2013

 Liability Signed Date:
 09/25/2013



I consent to the use of MRC related photographs containing my likeness for any MRC related purpose including public relations and recruitment purposes.



I understand that the Virginia Department of Health will only use my personal information as it directly relates to my role as a volunteer with the Medical Reserve corps.



I hereby certify that all entries on this registration form are true and complete. I agree and understand that any falsification of information herein, regardless of time of discovery, may cause forfeiture on my part of my volunteer position in the service of the Commonwealth of Virginia. I understand that all information on this registration is subject to verification and I consent to credential and criminal history background checks. I also consent that you may contact all references listed regarding this registration. I further authorize the Commonwealth to rely upon and use, as it sees fit, any information received from such contacts. Information contained here may be disseminated to other agencies, nongovernmental organizations or systems on a need-to-know basis for good cause shown as determined by the program coordinator or designee. I also understand that completion of the application does not guarantee that I will be approved as a Volunteer.

#### Acknowledgement and Verification:

The information contained in this document is accepted and acknowledged by the Virginia Medical Reserve Corps (VAMRC) and has been verified by the volunteer's MRC unit coordinator.

Valerie Prince
Three Rivers MRC Unit Coordinator

Email: threerivers@vamrc.org Phone: (804) 758-2381

Volunteer: Example User Printed: 07/30/2020 Page Volunteer: 4 of 4



