

Volunteer Summary Report

Personal Information



Name: Example User
Maiden Name: n/a
Date of Birth:
What district would you like to serve? Three Rivers
What localities would you like to serve? • Middlesex County
Primary Email: example@user.com
Secondary Email: n/a
Gender: n/a
Race:

Addresses

Mailing Address

Home Address

Contact Phone

Primary Phone: Cellular - Primary
Secondary Phone:

Phone and Text Alerts

Phone Number	Phone Type	Messages
	Home - Primary	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: n/a

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

Student? No

Are you a Physician licensed to practice/perform in any other state? No

Identification

Identification Type	License Number	State	Expiration
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License & Certification

Credential Type	License Number	State	Issuing Organization	Expiration
Healthcare License	0	VA	Virginia Department of Health Professions	09/30/2018

• Verified on 09/09/2009

Current CPR & Life Support certifications:

Certification Type	Issuing Organization	Expiration
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Issued Equipment

Uniform

No uniform information on file.

N95 Mask

Are you qualified to perform fit-testing for N95 masks?: 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
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Additional Information



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

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

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? n/a

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

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
Practice Verified:	No		Picture ID Verified:	No
Hospital Privileges Verified:	No		Parental Consent:	No

Criminal Background Investigation



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

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Phone: (804) 758-2381