



Johnson County Medical Reserve Corps

Established Requirements to Become an Active Johnson County Medical Reserve Corps Volunteer

Mission Statement

The mission of the MRC is to supplement the local healthcare systems during emergencies or planned events in Johnson County. The MRC achieves this mission by recruiting and training volunteer medical and non-medical professionals, and organizing them to assist effectively and efficiently in the management of catastrophic events and emergency or disaster situations as may be called for.

Membership

Membership in the Johnson County Iowa Medical Reserve Corps is open to anyone with a desire to serve the community. Although the focus of our MRC is on emergency medical operations and public-health activities, healthcare expertise is not a prerequisite for service with the unit. Volunteers with no healthcare experience are needed to assist with administrative and other essential support functions. It is the policy of the MRC that all potential MRC volunteer members shall follow the application procedures outlined in the Policy and Procedure guidelines.

Application Process

- 1) All members and potential members must complete an MRC Volunteer Candidate Preliminary Application and submit it to the MRC Unit Coordinator.
- 2) Upon receipt of the completed form, the MRC Unit Coordinator will add the potential MRC volunteer's name and contact information to the MRC database so they will receive email notices of upcoming meetings and training events.
- 3) Potential MRC volunteers are required to attend one (1) Unit Training Meetings to learn more about the MRC before completing the Application process. This recruitment process assures that only volunteers who are truly interested and want to be actively involved with the MRC.
- 4) An interview will be conducted proceeding or following the third meeting attended. A representative from the MRC Executive Committee and the Unit Coordinator will conduct the interview with the potential volunteer.
- 5) If the applicant has received a favorable recommendation from the interview, the MRC Unit Coordinator will arrange a photo taken for their MRC Identification card.
- 6) After the applicant submits completed application packet to the MRC Coordinator, it is forwarded to the Sheriff for a background check. Once the background check has been successfully completed, and healthcare professional credentials verified, if applicable, the applicant is then eligible to be deployed as a MRC Volunteer and is issued their MRC identification card.

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- 7) All sworn-in MRC volunteers are required to wear their ID at all training meetings, community events and deployments. Please make arrangements to order your vest and or uniforms from the MRC Coordinator after appointment.
- 8) All sworn-in MRC Volunteers are required to register with the I SERVE website (<https://emcredential.emsystem.com/>) which is the automated system used to deploy volunteers during an emergency.
- 9) **Required Responsibilities of Individual Volunteers**

<input type="checkbox"/>	Complete volunteer background screening
<input type="checkbox"/>	Attend MRC General Orientation
<input type="checkbox"/>	Review HIPPA regulations
<input type="checkbox"/>	Completes NIMS Training <ul style="list-style-type: none">• IS 100• IS 700
<input type="checkbox"/>	Attend no less than 2 of the following within a 12 month period: drills, training exercises, or public health activities
<input type="checkbox"/>	Iserve registration www.idph.state.ia.us/ems/iserv.asp

Save document to your computer prior to emailing.

Mail or Email or Fax to:

Dave Wilson

Johnson County MRC

4529 Melrose Avenue, Iowa City, IA 52246

Fax: 319-338-0028

Email: iowaart@mchsi.com

Questions: Call 319-430-7904

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Johnson County Iowa Medical Reserve Corps



www.jecc-ema.org

APPLICATION FORM

Please PRINT or TYPE All Information

Name:			
	First	Middle	Last

Street Address:
City/State/Zip:
Mailing Address (if different than above):
City/State/Zip:

Email:

Home Phone:	Area Code:		Cell:	Area Code:	
Cellular Providers Name:					
Work Phone:	Area Code:		Pager:	Area Code:	

Social Security #	Date of Birth:	
Drivers License #	State:	Expires:

Have you ever been:

Fingerprinted? <input type="checkbox"/> Yes <input type="checkbox"/> No
Arrested? <input type="checkbox"/> Yes <input type="checkbox"/> No
Convicted of a Felony? <input type="checkbox"/> Yes <input type="checkbox"/> No
Convicted of a Serious Misdemeanor? <input type="checkbox"/> Yes <input type="checkbox"/> No

Highest Grade Completed: Click here	College Degree: Click here
Professional Degree:	Professional License:
Other:	

I hereby authorize the Johnson County Iowa MRC Department to conduct a background investigation concerning my work reputation, medical, physical, and criminal records, including information of a confidential or privileged nature.

Signature: _____

Date:

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