



Thurston County Medical Reserve Corps

Volunteers Building Strong, Healthy and Prepared Communities



Dear Future MRC Volunteer,

Thank you for your interest in becoming a volunteer with the Thurston County Medical Reserve Corps (MRC). We want to make it as easy as possible to become a volunteer member. Recognizing our high responsibility to our community and the unique qualifications of our volunteers, we require that all who wish to volunteer with the MRC undergo a complete eligibility screening and verification of credentials. The forms attached will provide the information we need and will enable us to contact you about volunteer opportunities.

☐ **Check here if applying to volunteer under PREP Act authorization.**

Below is a checklist of items to complete:

- ☐ **Volunteer Information/Release Form**
- ☐ **Code of Conduct-** All MRC are expected to follow the Code of Conduct when representing Thurston County MRC
- ☐ **WSP Form-** Only fill out Part A: Subject Information. This form is to complete the Washington State Patrol background check. Your background check status will be updated in WAserv upon clearance.
- ☐ **Immunization Checklist-** Due to the nature of some events and response assignments, required immunizations for all MRC are MMR, HepB, and Seasonal Influenza. Recommended immunizations are DPT/TD, IPV, Varicella, SARS-CoV-2, and TB testing.
- ☐ **Emergency Contact-** In the unlikely event you are incapacitated, who we should contact
- ☐ **WAserv Profile-** Create your profile at www.waserv.org. Upload FEMA certificates, PREP Act authorization letter (if applicable), and other relevant documentation to WAserv as well.
- ☐ **Badge Photo-** Insert or separately attach a passport style photo for the purpose of creating your MRC badge.

Email completed and signed forms to MRC@co.thurston.wa.us

ELECTRONIC SIGNATURE AGREEMENT

The parties agree that this agreement may be electronically signed. The parties agree that the electronic signatures appearing on this agreement are the same as handwritten signatures for the purposes of validity, enforceability, and admissibility. If the volunteer chooses to opt out of the electronic signature process and would prefer to physically sign the agreement, please email your request to MRC@co.thurston.wa.us for instructions.

Signature (Typed or Signed)

Date

Once all forms are reviewed you will be contacted by the MRC Coordinator for information on next steps. Thank you for your interest in joining the Thurston County MRC, your willingness to serve is appreciated.

More information about the MRC program can be found at <https://www.co.thurston.wa.us/health/admin/preparedness/mrc.html>

Questions regarding your application status or the MRC program can be sent to the MRC Coordinator at MRC@co.thurston.wa.us

Working together to achieve the highest level of health and well-being for everyone.

412 Lilly Rd. N.E., Olympia, Washington 98506-5132

Phone (360) 867-2500 | Fax (360) 867-2601 | WA Relay 711 or 800-833-6388



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Volunteer Information/Release Form

Personal Information						
First Name:		Last Name:		MI:	Suffix:	
Phone Number:		Email:				
Address:						
				City:	State: WA	Zip Code:
Date of Birth:	Blood Type:	Sex:	Height:	Weight:	Eye Color:	Hair Color:
Occupation/Credential: <small>i.e. RN, MD, EMT, DDS (Not license #)</small>				Title:		
How did you hear about MRC?						Shirt Size:
Reference Information						
1. Name:			Phone:	Email:		
How do you know this person?				For how long?		
2. Name:			Phone:	Email:		
How do you know this person?				For how long?		
3. Name:			Phone:	Email:		
How do you know this person?				For how long?		
Release of Information						
<i>I certify that the information provided in the Thurston County Medical Reserve Corps application is accurate to the best of my knowledge. I give permission for Thurston County to inquire into my educational background, references, licenses, employment, and/or volunteer history. I also give permission to the holder of any such information to release it to Thurston County.</i>						
<i>I hold Thurston County harmless of any liability, criminal or civil, that may arise as a result of the release of this information. I also hold harmless any individual or organization that provides information to the above-named agency. I understand that Thurston County will use this information only as part of its verification of my volunteer application. Initial here:</i>						
Release for Publication of Photograph and/or Video Recording						
<i>I certify that I am over 18 years of age and I hereby grant to Thurston County the irrevocable and unrestricted right to edit, duplicate, exhibit, broadcast, copyright, use and publish photographs and/or video recordings of me, or in which I may be included, for any purpose and in any manner or medium. I hereby waive and release Thurston County, its officials, officers, agents, and employees from any and all rights, claims and liability I may have relating to said photographs and video recordings. I understand that I will not receive compensation from Thurston County for said photographs and video recordings. Initial here:</i>						

Applicant Signature (Typed or Signed)

Date

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Code of Conduct

All Thurston County MRC volunteers must meet and follow the code of conduct when representing the MRC during deployments, events, trainings, meetings, and any other activities where representation may be needed.

Volunteers shall:

- Maintain and abide by the standards of their profession, including licensure, certification, and/or training requirements to support their MRC role.
- Put safety first in all activities and use all equipment appropriately and respectfully.
- Avoid profane and abusive language and disruptive behavior including behavior that is dangerous to self and others including, but not limited to: acts of violence, physical or sexual abuse, or harassment.
- Always conduct themselves in a respectful nature by respecting the cultures, beliefs, opinions, and decisions of others and treating others with courtesy, tact, sensitivity, and humility.
- Report any and all injuries, illnesses, and accidents that occur as a result of their MRC participation to the MRC Coordinator.
- Maintain contact information and training or occupational status/certificates within the WAserv database system.
- Follow all Thurston County Policies and Personnel Rules.

Volunteers shall not:

- Represent themselves as an MRC responder or volunteer at any given site without prior authorization/deployment from Thurston County Public Health & Social Services.
- Use MRC or Thurston County equipment or resources for personal use.
- Comment, answer questions, or speak on behalf of the MRC or Thurston County Public Health & Social Services to the media.
- Publicly use any MRC affiliation in connection with the promotion of partisan politics, religious matters, or positions on any issue.
- Disclose or use any confidential MRC information that is available solely as a result of the volunteer's affiliation with Thurston County MRC to any person not authorized to receive such information.
- Respond for duty under the influence of prescription/non-prescription medication that may influence their ability to perform assigned functions.
- Transport, store and/or consume alcohol, marijuana, and/or illegal substances while performing volunteer duties.

I hereby acknowledge that I had read, understand, and agree to comply with all expectations and policies set forth in the Code of Conduct.

Signature (Typed or Signed)

Date

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WASHINGTON STATE PATROL

Identification and Criminal History Section

PO Box 42633

Olympia WA 98504-2633

(360) 534-2000

<http://watch.wsp.wa.gov>



REQUEST FOR CONVICTION CRIMINAL HISTORY RECORD (RCW 10.97)

INSTRUCTIONS: PLEASE COMPLETE THIS FORM WHEN REQUESTING **CONVICTION** CRIMINAL HISTORY RECORD INFORMATION BASED ON NAME AND DATE OF BIRTH. MAIL REQUEST TO ADDRESS NOTED ABOVE WITH \$16.00 CHECK OR MONEY ORDER. FOR REQUEST BASED ON FINGERPRINTS, MAIL A COMPLETED FINGERPRINT CARD AND FEE OF \$38.00. YOU MAY ALSO COME TO OUR OFFICE AT 3000 PACIFIC AVENUE, OLYMPIA, WA. **NOTE: IT MAY TAKE 7 TO 14 BUSINESS DAYS FOR RESPONSE WHEN MAILED. FOR AN IMMEDIATE RESPONSE, ACCESS OUR WEB SITE LISTED ABOVE TO CONDUCT YOUR CRIMINAL HISTORY REQUEST BY NAME AND DATE OF BIRTH FOR \$12.00 USING A CREDIT CARD.**

NOTARIZED LETTERS ARE AN ADDITIONAL \$10.00 PER NOTARY SEAL _____ Notarized Letter(s)

NOTE: The requested record information is furnished solely on the basis of name and/or description similarity with the subject of your inquiry. Positive identification or non-identification can only be effected upon receipt of fingerprints. Applicant may be advised of inquiry.



SUBJECT INFORMATION: (Please type or print clearly)

Applicant's Name: _____
Last First Middle

Alias/Maiden Name: _____

Date of Birth: _____ Sex: _____ Race: _____
Month/Day/Year



REQUESTOR INFORMATION: (Please type or print clearly)

DATE: ____/____/____ (print) Name/Title of Requestor Requestor's Signature
Mo. Day Yr.

Provide e-mail to receive background results electronically. Phone No. () _____

E-mail address Password (must be at least 8 characters)

REQUESTOR'S ADDRESS: (type or print clearly)

Subject's Right Thumb Print (Optional)

Name

Address

City State ZIP Code



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Immunization Checklist

Required Immunizations

Measles/Mumps/Rubella (MMR)

Where you born before 1957? ☐ Yes ☐ No

If no, indicate date of last vaccination: _____

Hepatitis B

Dates vaccination received: #1_____ #2_____ #3_____

Or Declinations signed? ☐ Yes ☐ No

Seasonal Influenza

Date of vaccination: _____

Volunteer Signature (Typed or Signed)

Date

Emergency Contact

Name:

Phone Number:

Relationship:

Badge photo:

Insert here or attach to email separately



To insert photo: copy/paste or ctrl-c/ctrl-v

Photo Guidelines

- Submit a color photo, taken in last 6 months.
- Use a clear image of your face. Do not use filters commonly used on social media.
- Have someone else take your photo.
- Use a plain white or off-white background.

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WAserv Profile Instructions

Washington State Emergency Registry of Volunteers

A WAserv account is mandatory for maintaining contact, emergency contact, licensing, and training information.

Please keep your contact information UP TO DATE

Registering for a new account:

1. Navigate to <https://www.waserv.org/> and select “Register for WAserv”
2. Select “Thurston County (MRC)” as your organization. If you accidentally sign up with another organization, we will not be able to view your account information.
3. Complete the required fields, ensuring that contact information is current for deployment requests

Adding “Thurston County (MRC)” to an existing WAserv account:

We cannot view your account information until the correct organizational affiliation is selected.

1. Login to your existing WAserv account
2. Select “Organizations” along the white banner
3. Select “All Organizations” in the gray banner below
4. Expand the “Medical Reserve Corps” list
5. Scroll until you see “Thurston County (MRC)” and select
6. In the dialogue box to the right, click join in the top right corner

Adding medical license information for verification with DOH:

1. Select “My Profile” along the white banner
2. Select “Occupations” in the gray banner below
3. Select the occupation you would like to update license information for or “Add Another Occupation” if not listed
4. Select “Edit Information” and complete the required fields

Logging completed trainings:

1. Select “My Profile” along the white banner
2. Select “Training” in the gray banner below
3. Select “Add Training Course” next to the orange plus sign
4. Select the training course from the dropdown menu and attach certificate of completion for each required Federal Emergency Management Agency (FEMA) independent study class listed below.
 - a. Register for a FEMA Student Identification Number (SID) <https://cdp.dhs.gov/femasid/> You will need this for required FEMA online classes below
 - b. Complete online course FEMA IS-100: Introduction to the Incident Command System <https://training.fema.gov/is/courseoverview.aspx?code=IS-100.c>
 - c. Complete online course FEMA IS-700: An Introduction to the National Incident Management System <https://training.fema.gov/is/courseoverview.aspx?code=IS-700.b>

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Public Readiness and Emergency Preparedness (PREP) Act Instructions

Only applicable for medical volunteers with an inactive or expired credential wishing to volunteer under the current PREP Act declarations

Follow all steps on previous page titled WAserv Profile Instructions

Add “Retired Medical Volunteers-Prep Act” to your existing WAserv account

1. Login to your existing WAserv account
2. Select “Organizations” along the white banner
3. Select “All Organizations” in the gray banner below
4. Expand the “Retired Medical Volunteers” list
5. Select “Retired Medical Volunteers-Prep Act”
6. In the dialogue box to the right, click join in the top right corner

Add “Thurston County (MRC) → Prep Act Volunteers” to your existing WAserv account

1. Login to your existing WAserv account
2. Select “Organizations” along the white banner
3. Select “All Organizations” in the gray banner below
4. Expand the “Medical Reserve Corps” list
5. Scroll until you see “Thurston County (MRC)” and expand
6. Select “Prep Act Volunteers”
7. In the dialogue box to the right, click join in the top right corner

Attach PREP Act authorization email confirming PREP Act credential

1. Wait for confirmation email from waserv@doh.wa.gov
2. Select “My Profile” along the white banner
3. Select “Training” in the gray banner below
4. Select “Add Training Course” next to the orange plus sign
5. Select the “PREP Act Credential” from the dropdown menu and attach a PDF printout of the WA DOH email confirming that your inactive or expired Washington healthcare provider credential(s) have been verified
6. Please familiarize yourself with the Public Readiness and Emergency Preparedness Act provisions, declarations, and amendments
 - a. <https://www.doh.wa.gov/Portals/1/Documents/1600/coronavirus/PrepActAuthorizationRetiredProviders.pdf>
 - b. <https://www.phe.gov/emergency/events/COVID19/Documents/covid19-vaccination-wrkfr-factsheet-508.pdf>
 - c. <https://www.phe.gov/Preparedness/legal/prepact/Pages/default.aspx>

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