

Dear Future MRC Volunteer,

Thank you for your interest in becoming a volunteer with the Snohomish Medical Reserve Corps (MRC). 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.

Once your application is processed and approved you will be able to begin signing up for opportunities on Galaxy. The MRC Coordinator will be reaching out to answer any questions you may have about MRC.

- Emergency Worker Registration Form**-All MRC volunteers are registered as Emergency Workers with the State Emergency Management Division. **The Emergency Worker registration form requires a traditional or “wet” signature. A digital signature will not be accepted on this form.**
- Authorization for Background Check**- This form provide authorization complete a background check through the Washington State Patrol.
- Assurance of Confidentiality Form**
- Minor Consent form**-to be completed by volunteers under 18 and their parents/guardians (*separate PDF*)
- Code of Conduct**
- Photo Release Form**
- Galaxy Profile**- Create a profile on our volunteer management system, Galaxy (<https://snohomishmrc.galaxydigital.com/>). Galaxy is where you can view our calendar of events, register to participate, and keep track of your volunteer hours.
- Badge Photo**- Insert or separately attach a passport style photo for the purpose of creating your MRC badge using the badge photo guidelines below.
 - Submit a photo, taken in the 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.

Email completed and signed forms to shd.mrc@snoco.org

Volunteer Signature

Date

Parent/Guardian Signature

Date

PLEASE COMPLETE THE HIGHLIGHTED AREAS

MEDICAL RESERVE CORPS REGISTRATION CARD – DEM #					
Jurisdiction: Snohomish County Medical Reserve Corps				Issue Date:	Registration Number
Name (Last):		(First):	(Middle):		
Address 1: Home				PHOTOGRAPH	
Address 2: Work					
City:		State:	Zip Code:		
Driver's License No.:	Date of Birth:	Blood Type:	Sex (M-F):		
Height:	Weight:	Color Eyes:	Color Hair:		
Physical Limitations(If any):		Medical Specialty:			
Home Phone:		Cell Phone:	Work Telephone:	Pager/2Way:	
I certify that the information on this card is true and correct to my best knowledge and belief.				- In Case of Emergency - Please Notify:	
Emergency Worker Signature:			Date of Signature:	Name:	
Email Address:					
MRC Worker Assignment : 10				Telephone Number with Area Code:	
Authorizing Signature:		Local Jurisdiction:	Date of Signature:	Relation to Emergency Worker:	



CONFIDENTIAL

Please type or print:

Applicant Last Name:	First Name:	M.I.:
Alias/Maiden Name:		
Date of Birth:	Race:	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
Driver's License Number:		State:

Please answer Yes or No to each listed item below. If you answer Yes to any item, explain in the area provided or attach additional sheets indicating the charge or finding, date, court(s), and state involved.

1. Have you ever been convicted of any crimes against children or other persons? No Yes

If yes, explain:

2. Have you ever been convicted of crimes related to the financial exploitation as defined in RCW 74.34.020? No Yes

If yes, explain:

3. Have you ever been found in any dependency action under RCW 13.34.030 (2)(b) to have sexually assaulted or exploited any minor, or have physically abused any minor? No Yes

If yes, explain:

4. Have you ever been found in any disciplinary board final decision to have sexually or physically abused or exploited any minor or developmentally disable person or to have abused or financially exploited any vulnerable adult or found by a court in a protection proceeding under RCW 74.34, to have abused or financially exploited a vulnerable adult? No Yes

If yes, explain:

I swear, under penalty or perjury that the above information is correct:

Applicant Signature: _____ Date: _____

Parent/Guardian Signature if applicable: _____

ASSURANCE OF CONFIDENTIALITY

As an employee, student, volunteer, or individual acting in any other capacity in connection with the Snohomish County Health Department, I _____, agree to the following:

1. I will maintain and protect the confidentiality of information I may receive or have access to within the Snohomish County Health Department. This information may include protected health information (PHI) relating to an individual's healthcare and the payment for that healthcare; individually identifiable health information (IIHI) relating to demographic information which could identify the individual (i.e. name, address, phone number, social security number, medical record number, account number); personnel and payroll information; and an individual's financial information.
2. I will respect an individual's right to confidentiality and not access, read, discuss or disclose PHI, IIHI or other confidential information regarding an individual whose records are maintained in any format within the Health Department **unless it pertains to my specific job requirements.**
3. **I will not access the medical information of myself, family, friends, co-workers, or others I may be curious about for whom I have no job-related business to access.**
4. I will hold discussions involving an individual's confidential information in locations which assure privacy.
5. I will comply with the Health Department's policy *Use and Disclosure of Client Health Information*.
6. I will safeguard my computer password, not share it with anyone, and will not post it in a public place.
7. I will log off of the computer whenever I will be away from my work area for any length of time (i.e. breaks, lunch periods).
8. I will log off of the computer at the completion of my work day and place all confidential information (i.e. papers, removable storage devices) into locking desks, file cabinets or safes.
9. I understand that my activity on SCHD computers, including the electronic medical record, is logged and also routinely monitored for suspicious, unauthorized and/or unlawful access.
10. I will report violations or potential violations of this agreement to my supervisor and the privacy/security official.
11. Upon termination of my relationship with Snohomish County Health Department, I agree to maintain the confidentiality of any confidential information I learned during that relationship and agree to turn over any keys, access cards, or any other device that would provide access to the Health Department or its information.
12. I understand that any violation of the confidentiality of an individual's information may result in disciplinary action, up to and including dismissal, or dissolution of contractual agreement. Any deliberate unauthorized disclosure of protected health information/individually identifiable health information is a federal and Washington State civil and criminal offense.

SIGNATURE

DATE

SUPERVISOR/WITNESS

DATE

PARENT/GUARDIAN SIGNATURE, IF APPLICABLE

DATE



Code of Conduct

All Snohomish 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 Galaxy and WAserv database systems.
- Follow all Snohomish 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 Snohomish County Health Department.
- Use MRC or Snohomish County equipment or resources for personal use.
- Comment, answer questions, or speak on behalf of the MRC or Snohomish County Health Department 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 Snohomish 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.

Volunteer Name

Date

Volunteer Signature

Date

Parent/Guardian Signature

Date

Photo Release (18 Years of Age and Older)

I hereby grant permission to Snohomish County and its employees, agents, and elected officials to use my photograph and/or audiovisual recording of me on its official internet site or in other official printed or electronic publications without further consideration.

I acknowledge the county's right to crop, alter, or treat the photograph and/or audiovisual recording of me at its discretion. I understand that once my image and/or a recording is posted on a county website or otherwise used by the county, the image and/or recording can be downloaded by any computer user and may be subject to disclosure under the Public Records Act, Chapter 42.56 RCW.

I hereby waive any right to inspect or approve the photograph and/or recording or electronic matter that may be used in conjunction with it now or in the future. I also acknowledge that the county may choose not to use my photograph at this time, but may do so at its own discretion at a later date.

I hereby agree to release and hold harmless Snohomish County and all employees, agents, and elected officials of the county from and against any claims, damages or liability arising from or related to the use of the photograph and/or audiovisual recording.

I acknowledge that I am at least 18 years of age and I am competent to contract in my own name.

DATE: _____

NAME: _____

ADDRESS: _____

PHONE: _____

EMAIL: _____

SIGNATURE: _____