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## MRC Unit Registration Form

### Unit Information

\* - denotes a required field

The MRC Program Office recommends that you use the name of your City, County, or other Jurisdictional Area as part of the Unit Name. For example, Los Angeles Medical Reserve Corps (if you cover just the city) or Los Angeles County Medical Reserve Corps (if you cover all of Los Angeles County).

\*MRC Unit Name:   
65 character limit

\*Name of Primary Sponsoring Organization:

\*Sponsoring Organization Phone Number:

\*Sponsoring Organization Type:

### Unit Point of Contact

Enter a Phone Number and E-mail Address that may be used in the future in case of emergency (will not be included on any public screen):

\*Emergency Phone:

\*Emergency E-mail:

\*Select your position within your MRC:

MRC Director  MRC Coordinator

How did you hear about the Medical Reserve Corps?

Submit Unit Information

Clear







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## MRC Unit Registration Form

**Unit Name:**

\* - denotes a required field

### Unit Address

\***Address 1:**

**Address 2:**

\***City:**

\***State:**

\***Zip Code:**

**Web site:**

### Unit Description, Focus, and Composition

\*In the space provide below, describe your MRC unit. You might include how your unit was formed, the function it serves in your community, your mission, the makeup of your volunteer corps, your unit's key partners, your unit's most significant activities to date, and any other information that can help create a picture of your MRC. This description will be posted along with your contact information to facilitate networking among MRC units.

[Example Unit Descriptions](#)

**\*Unit Focus/Role:**

- Public Health/Medical (Non-Emergency)
- Emergency Preparedness/Response
- Both

**\*Unit Composition:**

- Public Health/Medical Professionals
- Non-Public Health/Non-Medical
- All interested volunteers







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## MRC Unit Registration Form

**Unit Name:**

\* - denotes a required field

### Your References

\*Provide two references (name, title/organization, e-mail address, and phone number) who can support your MRC Unit information. These could be individuals within the sponsoring organization or within partner organizations.

#### Reference 1

\*Name:

\*Title/Organization:

\*Phone Number:

\*E-mail Address:

#### Reference 2

\*Name:

\*Title/Organization:

\*Phone Number:

\*E-mail Address:

### Your Resume

We would like to know a little bit about MRC leaders and the skills they bring to the MRC network.

\*Upload a text (.txt), rich format (.rtf), or Word document (.doc) version of your resume, or paste the text into the appropriate text area.

[Upload Resume:](#)

or

**Paste Resume:**







# Office of the Civilian Volunteer MEDICAL RESERVE CORPS

Sponsored by: Office of the U.S. Surgeon General

**Volunteers Building Strong, Healthy,  
and Prepared Communities**

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## MRC Unit Registration Form

### Add State for Jurisdictions

#### Unit Name:

Select a State(s) below to add jurisdictions that your MRC Unit will cover. If this is not yet known, select the "Jurisdictions Not Established" button to continue.

**State:**







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## MRC Unit Registration Form

### Unit Volunteer Categories

#### Unit Name:

Please enter the number of MRC members in your unit who represent the categories below. For a definition of a Volunteer Category, go to [Unit Volunteer Definitions](#).

Physicians:

Physician Assistants:

Nurse Practitioners:

Nurses:

Pharmacists:

Dentists:

Veterinarians:

Mental Health Professionals:

EMS Professionals:

Respiratory Therapists:

Other Public Health/Medical:

Non-Public Health/Non-Medical:

- ▶ 2009 H1N1 Influenza PSAs
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**MRC Unit Registration Form**

**Unit Volunteer Categories**

**Unit Name:**  
Complete/answer as many of the following questions as possible to help the MRC Program Office assess your potential/status as an MRC Unit.

\* - indicates mandatory field  
**Goals/Objectives**

**\*Have you implemented a strategic planning process - with goals and measurable objectives - for your MRC unit?**

- Yes
- No

**Organization/Planning**

**\*Unit Focus/Role:**

- Public Health/Medical (Non-Emergency)
- Emergency Preparedness/Response
- Both

**MRC unit leader is:**

- An Employee
- A Volunteer

**Approximately what percentage of the unit leader's time is devoted to MRC?**

- 1-25%
- 26-50%
- 51-75%
- 76-100%

**Are MRC volunteers given day-to-day leadership roles/assignments?**

- Yes
- No

**Is your MRC unit using the official MRC logo?**

- Yes
- No

**Recruitment**

**\*Does your MRC unit have a recruitment strategy?**

- Yes
- No

**Unit Composition**

**\*Unit Composition:**

- Public Health/Medical Professionals
- Non-Public Health/Non-Medical
- All interested volunteers

**\*Status of Public Health/Medical Professionals:**

- Active Clinical Practice
- Inactive/Maintain License or Certification
- Retired
- Student/In Training
- Mixed

**Does your MRC Unit allow youth membership (under 18 years of age)?**

- Yes
- No

**Member Screening**

**\*Indicate the level to which your MRC Unit verifies credentials:**

- Verify license/certification status (current and unencumbered)
- Verify license/certification status and other pertinent information except Clinical (Hospital) Privileges
- Verify all pertinent information including Clinical (Hospital) Privileges
- None

**\*Does your MRC unit have policies/procedures for volunteer screening and selection?**

- Yes
- No

**Does your MRC unit review applications?**

- Yes
- No

**Does your MRC unit interview potential volunteers?**

- Yes
- No

**Does your MRC unit check volunteer references?**

- Yes
- No

**\*Does your MRC unit conduct volunteer background checks?**

- Yes
- No

**\*Does your MRC unit verify professional credentials?**

- Yes
- No

**Does your MRC unit require "Medical Readiness" Checks (i.e. physical and mental)?**

- Yes
- No

**Training**

**\*Does your MRC unit have a training strategy?**

- Yes
- No

**\*Does your MRC unit utilize the MRC Core Competencies?**

- Yes
- No

**\*Does your MRC unit utilize MRC-TRAIN?**

- Yes
- No

**\*Is your MRC unit compliant with NIMS requirements?**

- Yes
- No

**\*If not, is your MRC unit working towards NIMS compliance?**

- Yes
- No

**\*Does your MRC unit participate in training exercises/drills with local partners?**

- Yes
- No

**Partnerships/Relationships**

**Partner Organizations (please indicate if your MRC unit has (will have) a partnership/relationship with any of the following organizations/entities):**

- Health Department
- Board of Health
- Emergency Management Agency
- Other Local Governmental Agencies/Departments
- American Red Cross Chapter
- Citizen Corps Council
- Volunteer Center
- Hospital/Health System
- Non-Governmental Organization
- Faith-Based Organization
- College/University
- Medical/Professional Society
- Civic Organization
- Private Business
- Fire Department/Fire Protection District
- Law Enforcement Agency
- EMS Agency
- Council of Governments/Regional Planning Commission
- State Organization/Agency
- Metropolitan Medical Response System (MMRS)
- Urban Area Security Initiative (UASI/S-UASI)
- Cities Readiness Initiative (CRI)/Strategic National Stockpile (SNS)
- National Disaster Medical System (NDMS)
- Health Occupations Students of America (HOSA)
- Other

**Unit Administration**

**Does your MRC unit conduct orientation sessions?**

- Yes
- No

**Does your MRC unit have a code of conduct or other policies regarding volunteer behavior while representing the unit?**

- Yes
- No

**Does your MRC unit provide volunteers with a handbook, manual, or other document that states unit policies and procedures?**

- Yes
- No

**\*Does your MRC unit have written position description for volunteers in the various roles within MRC?**

- Yes
- No

**Does your MRC unit have a steering/advisory committee or governing body?**

- Yes
- No

**If so, does your MRC unit adopt a set of bylaws or similar governing instructions?**

- Yes
- No

**Does your MRC unit have an evaluation strategy?**

- Yes
- No

**\*Does your MRC unit have a system for providing ID cards to members?**

- Yes
- No

**Does your MRC unit have a volunteer recognition/award program?**

- Yes
- No

**Does your MRC unit utilize the Presidential Volunteer Service Award program?**

- Yes
- No

**Has your MRC unit determined its financial/resource needs?**

- Yes
- No

**Is your MRC unit registered as a charitable organization (i.e., 501 C3)?**

- Yes
- No

**Indicate the type of Member Tracking System used by your MRC Unit:**

- Spreadsheet
- In House Database
- Commercial System
- None

**Do you currently or have you received grant funding from any of the following Federal government sources?**

- Office of the Surgeon General (OSG) - MRC Demonstration Project (FY02 Cohort)
- Office of the Surgeon General (OSG) - MRC Demonstration Project (FY03 Cohort)
- Office of the Surgeon General (OSG)/National Association of County & City Health Officials (NACCHO) - Capacity Building (FY07)
- Office of the Surgeon General (OSG)/National Association of County & City Health Officials (NACCHO) - Capacity Building (FY08)
- Office of the Surgeon General (OSG)/National Association of County & City Health Officials (NACCHO) - Capacity Building (FY09)
- Assistant Secretary for Preparedness and Response (ASPR)
- Centers for Disease Control and Prevention (CDC)
- Citizen Corps
- Metropolitan Medical Response System (MMRS)
- Urban Area Security Initiative (UASI/S-UASI)
- Other Department of Health and Human Services (HHS)
- 
- Other Department of Homeland Security (DHS)
- 
- Other Federal Funding
- 
- Receive No Federal Funding Support

**What other sources of funding/resources have you identified?**

- In-kind from sponsor organization
- In-kind from partner organization
- Financial contributions/grants from private sector (business and industry)
- Financial contributions/grants from foundations and other non-governmental organizations
- Financial contributions/grants from local governmental agencies
- Financial contributions/grants from state governmental agencies

**How are legal protections offered to your MRC members?**

- Not offered
- Federal Volunteer Protection Act
- Local Agency
- State Agency
- State Good Samaritan Laws
- Other State Legislation protecting volunteer health professionals and/or MRCs
- Other

**What legal protections are offered?**

- Liability/malpractice
- Workers compensation
- Reemployment rights

**When are legal protections in effect?**

- During emergencies
- During training activities
- During local public health activities
- All MRC-related activities

**Response Coordination/Integration**

**\*Do you track your MRC members' willingness to deploy outside of the local jurisdiction?**

- Yes
- No

**Does your MRC unit have policies and procedures to safeguard volunteers' physical and mental health in a response?**

- Yes
- No

**\*Are your MRC members included in the State volunteer registry (ESAR-VHP)?**

- Yes
- No

**\*If no, do you plan to include your members in the State volunteer registry (ESAR-VHP)?**

- Yes
- No

**MRC Network**

**\*In the past 3 months, has your MRC unit contacted other MRC units to ask for or provide information?**

- Yes
- No

**\*In the past 12 months, has your MRC unit participated in State or Regional MRC meetings/calls?**

- Yes
- No

**\*Did your MRC unit participate in the most recent National-level MRC Conference?**

- Yes
- No

**In the past 12 months, has your MRC unit participated in an MRC work group?**

- Yes
- No

