



Established requirements to be an active

San Bernardino County Sheriff's Medical Reserve Corps Volunteer



Mission Statement

The mission of the Medical Reserve Corps is to improve and supplement local healthcare systems during times of emergency or planned events through the sheriff's department. This is achieved by recruiting and training both volunteer medical and non-medical professionals and organizing them to assist effectively and efficiently in management during times of local or regional emergencies or when called upon by the sheriff's department.

Membership

Membership in the San Bernardino County Sheriff Medical Reserve Corps is open to anyone with a desire to serve the community in San Bernardino County. 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

All potential members must complete an MRC Volunteer Application and Interview questions and submit it to the MRC Program Coordinator.

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.

Potential MRC volunteers are required to attend three (3) Unit Training meetings and be interviewed by the Sheriff Liaison and an Executive Committee member before completing the Sheriff application process.

If the applicant has received a favorable recommendation from the interview, the MRC Unit Coordinator will give the applicant a *Sheriff's Department Citizen Volunteer* application packet to complete.

This packet includes several documents including the application form, a release to conduct a background check, and a Live Scan fingerprinting process form and photo form for the MRC/Sheriff Identification card. There is no cost to the volunteer. Live Scans and photo for ID are done Mon – Fri: 8am-11:45am & 1pm-2:45pm). After the applicant submits the completed paperwork to the MRC Coordinator it is forwarded to the Sheriff Liaison for processing. Once the background check has been successfully completed and healthcare professional credentials verified, if applicable, the applicant is then eligible to be sworn-in as an MRC Volunteer and be issued their MRC identification card at the next regularly scheduled Unit Volunteer meeting.

All sworn-in MRC volunteers are required to wear their ID and uniform (blue BDU's and black shoes & MRC Gray shirt) at all training meetings, community events and deployments. Please make arrangements to order your shirt from the MRC Coordinator after being sworn in.

All MRC Volunteers are required to register with the Disaster Healthcare Volunteers website www.healthcarevolunteers.ca.gov which is the automated system used to deploy volunteers during an emergency.



Required Responsibilities of Individual Volunteers

- Complete volunteer background screening
- Attend MRC General Orientation
- Complete MRC Orientation Part A
- Complete MRC Orientation Part B
- Complete MRC Orientation Part C
- Complete Blood Borne & Pathogen Post test
- Complete ICS Training (100, 200 & 700) within 180 days of being sworn in.
- Review HIPPA regulations
- Develop a GO Bag successfully
- Attend two or more (2) unit meetings and two (2) or more of the following within a 12 month period; drills, training exercises, deployments or public health activities.
- POD Training
- Review of Activation and Demobilization Procedures
- *Complete Driver Awareness course (Must be completed to drive the MRC van)
- Obtain and maintain CPR/First Aid Certificate
- Active Shooter Training

	MRC Executive Committee		
Commander	Paul	Whiteside, MD	Physician
Vice Commander	Krysta	Tankersley	RN
Secretary	Jeanette	Pirio	Admin- Non medical
Training Officer	Heather	Morse	PA-C
Treasurer	Amanda	Cloutier	Admin- Non medical
Automotive Officer	Randy	Long	Admin-Non medical
Equipment Officer	Michael	Moorman	Admin Non Medical
Ex-officio Member	Sharon	Guggisberg	Admin Non-Medical
Ex-Officio Member	Bob	McKee	Admin- Non medical
Ex-Officio Member	Nabil	Razzouk, PhD	Other Non Medical
Program Coordinator	Debbie	Long	
Sheriff Liaison	Robert "BJ"	Whiteside	Corporal
SBCMS Executive Director	Alison	Elsner	Executive Director



San Bernardino County Sheriff's Medical Reserve Corps
VOLUNTEER APPLICATION



Please print or type

Name		
Street Address (Mailing)		
City	State	Zip
Cell Phone	Work Phone	Pager
E-Mail 1	E-Mail 2	Employer
Professional Designation: <input type="checkbox"/> Doctor (Specialty) <hr/> <input type="checkbox"/> Nurse <input type="checkbox"/> RN <input type="checkbox"/> LVN <input type="checkbox"/> C.N.A <input type="checkbox"/> NP <input type="checkbox"/> Physician Assistant <input type="checkbox"/> Dentist <input type="checkbox"/> Pharmacist <input type="checkbox"/> Psychiatrist	<input type="checkbox"/> Mental Health <input type="checkbox"/> Social Worker <input type="checkbox"/> EMT/Paramedic <input type="checkbox"/> Non Medical <input type="checkbox"/> Veterinarian <input type="checkbox"/> Other _____	Emergency Contact Information: Name: _____ Relationship: _____ Home #: _____ Cell #: _____ Languages You Speak: _____ <hr/> Drivers License #: _____
License or Certificate/Registration Number:	State License Held:	Expiration Date:
Volunteer Interests: Check all that apply: Administration _____ Public Safety _____ Clinical _____ Fundraising _____ Database _____ Newsletter Production _____ Volunteer Coordination _____ Behavioral Health _____ Deliveries _____ Clerical Help _____ Logistics _____ Grant Writing _____ Presentations _____ Training _____ Public Relations _____ Photographer _____ Ham Radio Operator _____ Other _____		
Have you ever been Arrested? Y N Convicted of a Felony? Y N Convicted of a Misdemeanor? Y N If yes please explain: _____ _____ _____		
A Criminal Background Check is required of all volunteers: I hereby authorize the San Bernardino County Sheriff's MRC to conduct a background investigation concerning my work reputation, medical, physical and criminal records, including information of a confidential or privileged nature. Signature _____ Date ____/____/____		

1859 W. Redlands Blvd. Redlands, CA 92373 (909) 273-6000 Fax (909) 335-4800

E-mail; mrc@sbcms.org or dlong@inlandwellness.org www.sbcms.org/CommunityPrograms/MedicalReserveCorps.aspx

San Bernardino County Sheriff's Medical Reserve Corps

Questionnaire

Please return questionnaire with your application

Name of Applicant: _____ Date: _____

Cell Phone #: _____ Email: _____

1. Why do you want to be part of the Medical Reserve Corps? _____

2. Does your employer know and approve of your desire to be a member of the MRC? Y N N/A

3. Is your spouse/family supportive of you becoming a Sheriff volunteer? Y N

4. List three (3) of your strengths: 1) _____ 2) _____ 3) _____

5. List three (3) of your weaknesses: 1) _____ 2) _____ 3) _____

6. Classify your temperament: _____

7. Have you ever had a negative experience with law enforcement? Y N

If yes, please explain: _____

8. Reporting your time in service as a Sheriff's volunteer is a monthly requirement. Do you agree to fill out a timesheet each month? Y N

9. MRC members are responsible to provide their own uniforms and personal supplies. Is this a commitment you can financially make and keep? Y N

10. Have you even been convicted of a felony? Y N If yes, what were the charges?

11. Have you ever been convicted of a misdemeanor? Y N If yes, what were the charges?

12. Do you understand the training that will be required should you be accepted as a MRC volunteer? Y N

13. Please feel free to share additional information about yourself that you think would be beneficial to becoming a MRC volunteer. _____



Please return this questionnaire with application to

San Bernardino County Sheriff's MRC
1859 W. Redlands Blvd. Redlands, CA 92373
(909) 273-6000 ext 105 / Fax (909) 335-4800



mrc@sbcms.org
dlong@inlandwellness.org

www.sbcms.org/CommunityPrograms/MedicalReserveCorps.aspx

APPLICANT
DO NOT COMPLETE THIS PAGE
FOR INTERVIEWER'S USE ONLY

Name: _____

Date: _____ Unit: Medical Reserve Corps

Profession: _____

Education: _____

Experience: _____

Communication Skills: _____

Reasons for wanting to become an MRC Volunteer: _____



Interviewer Comments: _____

Print Interviewers Name: _____

Interviewer's Signature: _____ Date: _____

- Executive Committee Member Sheriff Liaison

Interviewer, please indicate with an X which group you feel this applicant falls into:

- | | | | |
|-----------------------------------|---------------|-----------------------------------|----------------|
| <input type="checkbox"/> Group 1: | Above Average | <input type="checkbox"/> Group 2: | Satisfactory |
| <input type="checkbox"/> Group 3: | Below Average | <input type="checkbox"/> Group 4: | Unsatisfactory |