

APPENDIX GG – MDRMRC PAPER REGISTRATION FORM

The following form can be used by Unit Administrators to recruit new volunteers at community events and professional conferences where there is no access to electricity or wifi. If the Registry is unavailable for any reason during an emergency, this form can also be used to quickly register and gather essential information for spontaneous unaffiliated volunteers.

After a form is completed by a prospective volunteer, the volunteer coordinator, supervisor, or Unit Administrator can manually enter the volunteer's information into the Registry. Volunteer login information (username and temporary password) and Registry access instructions should then be emailed to the volunteer so that they can login and complete the remainder of their profile.

MARYLAND RESPONDS MRC VOLUNTEER REGISTRATION FORM

REQUIRED (*)

DATE: _____

SECTION 1. USERNAME AND PASSWORD

*Username: _____

*The username you will use to log into the System. The username must be at least six (6) characters long and cannot contain spaces. Acceptable characters include alphanumeric (A-Z, 0-9) and the symbols @, ., -, and _.
Usernames are not case sensitive.*

*Temporary Password: _____

Password must be 6 characters or longer; must contain a number and must contain a letter.

SECTION 2. NAME AND DATE OF BIRTH

*First Name: _____

Middle Name: _____

*Last Name: _____

Date of Birth: _____

SECTION 3. HOME ADDRESS

*Address Line 1: _____

Address Line 2: _____

*City: _____

*County: _____

*State: _____

*Zip Code: _____

SECTION 4. CONTACT INFORMATION

*Primary Email Address: _____

Secondary Email Address: _____

*Primary Phone Number: _____

Secondary Phone Number: _____

*Emergency Contact Name: _____

*Emergency Contact Phone #: _____

*Emergency Contact Relation: _____

SECTION 5. CRIMINAL BACKGROUND

Have you ever been convicted of a felony?

YES

NO

Have you been convicted of a misdemeanor that resulted in imprisonment in the last 24 months?

YES

NO

SECTION 6. OCCUPATION INFORMATION

*Occupation Type: Medical Non-Medical

*Occupation:

*Professional Status for this Occupation: *If medical occupation, choose from the answers in this column.* *If non-medical occupation, choose from the answers in this column.*

- | | |
|--|-----------------------------------|
| <input type="checkbox"/> Licensed/Certified and Active | <input type="checkbox"/> Active |
| <input type="checkbox"/> Licensed/Certified and Active Part-Time | <input type="checkbox"/> Inactive |
| <input type="checkbox"/> Licensed/Certified and Inactive for Less than 5 Years | <input type="checkbox"/> Retired |
| <input type="checkbox"/> Licensed/Certified and Inactive for More than 5 Years | <input type="checkbox"/> Student |
| <input type="checkbox"/> Non-Licensed | |
| <input type="checkbox"/> Non-Licensed and Active | |
| <input type="checkbox"/> Non-Licensed and Retired | |
| <input type="checkbox"/> Non-Licensed and Student | |

Employer:

Job Title:

SECTION 7. PROFESSIONAL LICENSE – *If applicable, provide your license information.*

Is the name on your license the same as the name provided in section 1? YES NO

If no, write your name exactly as it appears on the license: _____

License Number: _____

Issuing State or Jurisdiction: _____

Expiration Date: _____

License in Good Standing? YES NO

License free of adverse actions and restrictions? YES NO

SECTION 8. INFORMATION PLEDGE AND AUTHORIZATION

*Information Pledge: By signing below, I certify that I will provide only correct information when completing this registration process. I give consent to Maryland Responds and their designated agents to collect, use, verify, and maintain any information that is collected through the use of this site.

*Authorization: By signing below, I do hereby authorize the State of Maryland to research and copy records including, but not limited to, educational; professional; judicial; armed services; Federal, state and local law enforcement; motor vehicle and driving safety; and any other documents, data, and information that may be necessary and practical in order to conduct an investigation; and to contact past and present employers as well as professional references for information. I also authorize the release of the above mentioned records to the State of Maryland. My consent, however, is conditioned upon the understanding that all records, data, and information obtained by the State shall be used only for the purposes of determining my fitness for the volunteer position(s) to which I am assigned.

Signature: _____

Date: _____