

Santa Barbara County Medical Reserve Corps Request Form



Please complete and fax to 681-5142 or deliver in person to SB County Public Health Dept., 300 N. San Antonio Rd., Rm A112

REQUESTOR'S INFORMATION

Requestor's Name: _____ Contact Info: ph. _____ email _____

Requestor's Organization/Agency: _____

MISSION DETAILS

Mission Description: _____

Mission Location (provide address): _____

Duration of Event (Start Date – End Date): _____

Shift length (in hours, i.e. 7 am – 7pm): _____

Event Organizer/Contact: _____

Resource Typing (please **circle type** and **write number** desired PER SHIFT below type):

Medical/Clinical Staff

MD PA NP RN Pharm D Pharm Tech EMT-P EMT-1

Dentist Psychiatrist PT OT MA CNA Basic First Aid/CPR/AED Other: _____

Mental Health/Holistic Health/Social Work

Marriage & Family Therapist MSW/LCSW Psychologist Acupuncturist Other: _____

Non-Medical/Clinical Staff

Registered Dietician Health Educator Translator (Language _____) Clerical Other: _____

Please describe the **Just-In-Time Training** you will be providing to MRC volunteers: _____

Please describe your **Logistical & Equipment** needs to support the MRC volunteers: _____

Will **transportation** to and from event location be provided (please circle one)? YES NO

If YES, please describe how volunteers will be **transported to and from** event location:

If NO, please describe **parking location** for volunteers _____

Will **overnight accommodations** be needed and/or provided to volunteers (please circle one)? YES NO

If YES, please describe where volunteers will be **staying**: _____

Will **food** be provided to volunteers (please circle one)? YES NO

Will **security** be provided for volunteers and the treatment area (please circle one)? YES NO

Other details of note _____

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Approved/Declined (circle one)

Reviewed by: _____ Signature: _____ Date: _____