



MONTGOMERY COUNTY MEDICAL RESERVE CORPS

VOLUNTEER APPLICATION AUTHORIZATION FORM

PERSONAL INFORMATION

Name (Last): _____ (First): _____ (Full Middle): _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Office Phone: _____ Cell Phone: _____

Email Address: _____ County of Residence: _____

Driver's License #: _____ Date of Birth: _____

Sex (M-F): _____ Social Security # _____

ADDITIONAL QUESTIONS

Circle one: I am a JUNIOR, STUDENT, NON-MEDICAL, MEDICAL volunteer.

If you are a JUNIOR or STUDENT volunteer:

What school do you attend? _____

What is your anticipated graduation date? _____

What is your primary occupation? _____

Are you bilingual? If yes, what language(s)? _____

Do you have any leadership experience? Explain.

I understand by signing this application, I am giving authorization to the Montgomery County Sheriff's Office to make inquiries into my background, criminal history, and driving records. I hereby certify that the entries made by me on this statement are true, complete, and correct to the best of my knowledge and belief. Further I do hereby release you, your organization, your agents, and others from any liability or damage which may result from furnishing information to Montgomery County pursuant to this waiver and authorization to release information.

SIGNATURE

DATE

Please return form to:

Montgomery County Public Health District, Attn: Cassie Culver, 1300 South Loop 336 West, Conroe, TX 77304

Or

Scan and email to cculver@mchd-tx.org