

Pima County Health Department Student MRC

We are proud that the Student MRC offers students aged 16 and older not only the volunteer experience, but also provides a unique view of the medical, public health and emergency preparedness and response fields and their varied career opportunities.

- Minimum of 4 hours per week and make a minimum commitment of one semester. We can adjust your volunteer schedule to work with your school schedule.
- Orientations are held on the first Saturday of the month. Please call Volunteer Resources at 520-243-7750 for more information.
- Student MRC applicants must have parental consent if under 18.
- Uniforms are not required. A Student MRC volunteer code of conduct, including appropriate attire, is in the Student MRC Handbook.



Pima County

Student MRC

Questionnaire—Please fill out completely

Which school do you attend?

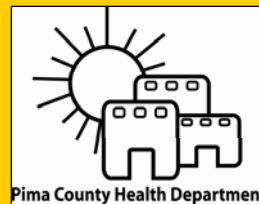
Are you a HOSA member? _____

Do you have any health conditions or limitations that might affect your volunteer performance or placement? _____

Check the Student MRC program opportunities that are most interesting to you . . .

- ___ Public Health Nursing
- ___ Women's Health
- ___ Senior Health and Wellness
- ___ Consumer Health and Food Safety
- ___ Community Health Research
- ___ Emergency Preparedness and Planning
- ___ Epidemiology
- ___ Public Health Emergency Preparedness
- ___ Public Health Clinic
- ___ Community Outreach and Education
- ___ Training and Exercises
- ___ Job Shadowing

Students under age 18 will be restricted to a limited number of supervised activities.



Pima County

Student Medical Reserve Corps



Pima County
Health Department
3950 S. Country Club Road
Tucson, AZ 85714

Phone: 520-243-7750

Parental Consent For Students Under Age 18

I hereby give permission for

to serve as a volunteer with the Pima County Student Medical Reserve Corps, sponsored by the Pima County Health Department.

In the event of an accident or injury to the above named while serving in an assigned volunteer capacity, I give permission for him/her to receive emergency medical treatment until the family and/or the family physician can be notified.

I understand that my child is committing to a volunteer program and that absences will be reflected in their evaluation and letter of completion.

Though no uniform is required, students are required to dress appropriately, as outlined in the Student MRC Handbook.

Parent or Guardian Signature:

Relationship:

Date: _____

Pima County Student MRC

Statement of Commitment

The act of volunteering means commitment to an important community public health program. You will be agreeing to do specific work and your agreement to do this without compensation will not change the fact that the health department staff and other volunteers will be depending on you.

The Medical Reserve Corps is a national volunteer organization composed of medical professionals, students and other community members that support public health.

After receipt of your application materials and letters of recommendation, you will be contacted for an interview.

I understand the commitment as outlined above and in the MRC Student Code of Conduct and agree to honor it.

Applicant's Signature:

Name:

Address:

Phone:

Email:

If you are interested in participating in The Student Medical Reserve Corps, please complete the program application and online registration at:

www.azvolunteer.com

Include the following with your completed application:

- Two letters of recommendation, one from a non-family member and one from your HOSA or student advisor, attesting to your suitability to serve as a Student MRC volunteer.
- Signature by parent on Information and Consent form, if under age 18. A notarized signature is required.
- One page statement describing your interest in a career in health care and your educational goals.

If you have any questions regarding the Student Medical Reserve Corps, please call Pima County Health Department Volunteer Resources at 520-243-7750.



Pima County

Health Department
3950 South Country Club Road
Suite 100
Tucson, AZ 85714

Phone: 520-243-7750
Fax: 520-243-7812
www.pimahealth.org