

# Simple Steps

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1. Review the attached form for the CVM.
2. Complete and return to me (fax or mail) to register, or you can apply online (<https://covolunteers.state.co.us/VolunteerMobilizer/>).
3. Choose which groups across the state you would like to help out should an emergency arise. In Mesa County, we have:
  - General Volunteers
  - Licensed and Certified Professionals
  - MRC - Mesa County Medical Reserve Corps
4. Choose your level of involvement.
  - In the Deployment Preference box:
    - Check “Local” if you want to help in Mesa County only.
    - Check “Out-of-State” or “State” to help elsewhere in the state or nation.

Registering does not change what you volunteer for, but it does give you access to more opportunities. It also ensures we are a community that is better prepared!

## Contact information:

Marsha Thorson, MSPH  
MRC & Volunteer Coordinator  
Mesa County Health Department  
P.O. Box 20,000-5033  
510 29 ½ Road  
Grand Junction, CO 81502-5033  
Phone: (970) 248-6976  
Fax: (970) 248-6972  
Email: [MRC@mesacounty.us](mailto:MRC@mesacounty.us)



# Colorado Volunteer Mobilizer (CVM)

for  
*Medical and Public Health Professionals*



Welcome to the Colorado Volunteer Mobilizer (CVM) for Medical and Public Health Professionals system. As you know from recent events, both manmade and natural disasters will tax public health and medical resources at the local and state levels. We are currently working to recruit and train individuals from the following areas: Physicians, Nurses, Pharmacists, Respiratory Therapists, EMT/Paramedics and Law Enforcement Officers, to name a few, to respond to “all hazards” incidents.

Your involvement as a volunteer will help ensure that people affected by a disaster will receive the public health and medical care they need. Registration in the on-line database is your first step in meeting this urgent need within Colorado and the nation. Once you have registered with us, you will receive notification of your acceptance into the system, upcoming training opportunities, and periodic news updates. The information that you provide is not considered confidential and is public record, but will not be misused in any way. This secure system will also be used to contact you in case of an emergency, using email and telephone notifications.

THANK YOU and Welcome Aboard!

To register online visit: <http://health.mesacounty.us/volunteer/index.cfm>  
or  
<https://covolunteers.state.co.us/VolunteerMobilizer/>

**\*\*NOTE: By clicking "Continue" below, you acknowledge you have read and accept the Terms and Conditions listed in the Colorado Volunteer Mobilizer for Medical and Public Health Professionals Consent Form.**

For the CVM to be in full compliance with the National Incident Management System (NIMS) all volunteers must complete ICS-100.a & ICS-700.a. Create an account with COTRAIN to receive these training courses free from the Federal Emergency Management Agency (FEMA) go to: [www.co.train.org](http://www.co.train.org)

Administrator E-mail: [wendy.chavez@state.co.us](mailto:wendy.chavez@state.co.us) Phone Number: (303) 692-2717  
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### Which group(s) would you like to join?

<input type="radio"/> Community Health Network	<input type="radio"/> <b>General volunteers</b>	<input type="radio"/> <b>Licensed and Certified Health Professions</b>	<input type="radio"/> MRC- Cheyenne County MRC
<input type="radio"/> MRC - Colorado Medical Reserve Corps	<input type="radio"/> MRC - Colorado Veterinary Medical Reserve Corp	<input type="radio"/> MRC - ColoradoSTAR Medical Reserve Corps	<input type="radio"/> MRC - Fremont County Medical Reserve Corps
<input type="radio"/> MRC - Heritage Eagle Bend/Parker Adventist Hosp	<input type="radio"/> MRC - Hinsdale County Medical Reserve Corps	<input type="radio"/> MRC - Kit Carson County Medical Reserve Corps	<input type="radio"/> MRC - Medical Reserve Corps of Boulder County
<input type="radio"/> MRC - Medical Reserve Corps of El Paso County	<input type="radio"/> MRC - Medical Reserve Corps of Larimer County	<input type="radio"/> MRC - Medical Reserve Corps of Montezuma County	<input type="radio"/> MRC - Medical Reserve Corps of Southwest
<input type="radio"/> <b>MRC - Mesa County Medical Reserve Corps</b>	<input type="radio"/> MRC - Northwest Colorado Volunteer Reserves Unit	<input type="radio"/> MRC - Pueblo Medical Reserve Corps	<input type="radio"/> MRC - San Luis Valley Medical Reserve Corps
<input type="radio"/> MRC - Teller County Medical Reserve Corps	<input type="radio"/> MRC - Weld County Medical Reserve Corps	<input type="radio"/> Public and Environmental Health	<input type="radio"/> Training/Test Group 08-09 (DO NOT USE)
<input type="radio"/> Tri-County Health			

First Name:  
Last Name:

HM Address:  
HM City:  
HM State/Province:  
HM Postal Code:  
HM County:

WK Address:  
WK City:  
WK State/Province:  
WK Postal Code:  
WK County:

Primary Telephone:  
Primary Email Address:

Secondary Telephone:  
Secondary Email Address:

Driver's License:  
Driver's Lic. Expiration Date:

State Issued:  
Date of Birth:

Emergency Contact Information:  
Contact Name:  
Contact Address:  
Contact State:  
Contact Phone:

Contact Relationship:  
Contact City:  
Contact Postal Code:

**Select a healthcare provider type if applicable:**

- Advanced Practice Registered Nurse**
- Cardiovascular Technologist and Technician**
- Clinical Social Worker**
- Dentist**
- Diagnostic Medical Sonographer**
- Emergency Medical Technician and Paramedic**
- Licensed Practical or Licensed Vocational Nurse**
- Marriage and Family Therapist**
- Medical and Clinical Lab Tech. incl. Phlebotomist**
- Medical and Clinical Laboratory Technologist**
- Medical Records and Health Information Technician**
- Mental Health Counselor**
- Pharmacist**
- Physician**
- Physician Assistant**
- Psychologist**
- Radiologic Technologist and Technician**
- Registered Nurse**
- Respiratory Therapist**
- Veterinarian**
- Other**

In the event of a declared emergency, would you work under the auspices of the Federal Government? If yes, the information you provide will be made available to the Federal Government upon its request. (please circle one)	Yes/ No

Deployment Preference (please check )	<input type="checkbox"/> Local <input type="checkbox"/> Out-of –State <input type="checkbox"/> State
What is the maximum distance, in miles, that you are willing to travel to respond to an emergency?	_____ miles
What time (in days) are you willing to be on deployment?	_____ days
To what types of emergency events are you willing to respond? (select all that apply with a checkmark)	<input type="checkbox"/> Biological Incident <input type="checkbox"/> Disease Outbreak <input type="checkbox"/> Hazardous Material Cleanup <input type="checkbox"/> Natural Disaster <input type="checkbox"/> Nuclear Incident <input type="checkbox"/> Offshore/Water Rescue <input type="checkbox"/> Structural Collapse <input type="checkbox"/> Transportation Incident
Date of your last volunteer service	_____
Eye Color	_____
Hair Color	_____
Height (Please state in feet and inches. Example: 5 ft., 7 in.)	_____
Weight (in pounds)	_____
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
When are you available to work?	<input type="checkbox"/> Weekdays <input type="checkbox"/> Weekends <input type="checkbox"/> Weeknights
Which times of day would you prefer to volunteer?	<input type="checkbox"/> Afternoons <input type="checkbox"/> Evenings <input type="checkbox"/> Mornings
Have you ever been convicted of a Felony?	Yes/ No
Have you had any disaster response experience?	Yes/ No
Do you have Behavioral Health Experience?	Yes/ No

If "YES", please describe your Behavioral Health Experience:	
Tetanus Vaccinated?	Yes/ No
Hepatitis A Vaccinated?	Yes/ No
Hepatitis B Vaccinated?	Yes/ No
Flu shot received?	Yes/ No
Date of last Flu Shot?	
Are you currently volunteering for other volunteer groups?	Yes/ No
If "YES", which other volunteer groups are you involved with?	
Are you currently a member of the National Guard or Reserve?	Yes/ No
Do you have any physical limitations or health requirements that we need to know about for deployment purposes?	Yes/ No
If "YES", please describe your physical limitations	
Please name the health care system or facility you are currently employed with (if applicable).	
If applicable, which of the following tasks are you least comfortable with?	<input type="checkbox"/> Anesthesia <input type="checkbox"/> Pain management <input type="checkbox"/> Cranio-facial injuries <input type="checkbox"/> Pallative care <input type="checkbox"/> End of life care <input type="checkbox"/> Pediatric care <input type="checkbox"/> Flying <input type="checkbox"/> Psychiatric care <input type="checkbox"/> Infectious disease <input type="checkbox"/> Surgery (other than minor) <input type="checkbox"/> Lifting <input type="checkbox"/> Trauma care <input type="checkbox"/> Neurological issues <input type="checkbox"/> Working with the deceased <input type="checkbox"/> New-born care <input type="checkbox"/> Obstetrics

Languages Spoken :

**Skills**

Describe any applicable skills you have:

**Specialties**

List any applicable specialties within the medical community that you hold.

**Certifications**

Please list any certifications you hold.

Return to: Mesa County Health Department, Attn: MRC Coordinator; 510 29 ½ Rd; Grand Junction, CO 81504; fax (970) 248-6972; [MRC@mesacounty.us](mailto:MRC@mesacounty.us); phone (970) 248-6976.