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 _______________________________________________________________________

FOR OFFICIAL USE ONLY
Approved/Declined (circle one)
Reviewed by: ___________________________ Signature: ___________________________ Date: ________