



**Lexington-Fayette County
Medical Reserve Corps/ 2010 World Equestrian Games WEG
Health/Medical Volunteer Application**



The Lexington Fayette Medical Reserve Corps is the coordinating organization for World Equestrian Games Health Medical Volunteers. Specific volunteer areas include Medical, Emergency Medical Services and Public Health Volunteers. Persons wishing to volunteer for this special event shall submit a completed application to the Lexington Fayette County Health Department no later than **JUNE 1, 2010**. After initial screening, volunteer applications will be forwarded to sponsoring agencies for review and approval. Upon agency approval, the Health Department will submit the application to the WEG for event credentialing, which includes a background check. When the application/credentialing process is completed (Estimated 60-90 day) the Health Department will notify you by e-mail or regular mail, of your volunteer status.

Date: _____

Personal Information

Last Name _____ First Name _____ Middle _____

Home Address _____ Apt. No. _____

City _____ State _____ Zip Code _____ County of Residence _____

Home Phone () _____ Work Phone () _____ ext. _____ Mobile Phone () _____

Pager Number () _____ Fax Number () _____ Email Address _____

Type of Pager (leave #, voice, text message)

Area of Interest/Discipline

Medical _____	Sponsoring Organization: University of Kentucky Health Care
Emergency Medical Services _____	Sponsoring Organization: Lexington Fayette Urban County Government
Public Health _____	Sponsoring Organization: Lexington Fayette County Health Department

Please check those that apply:

Physician _____	Veterinarian _____
Advanced Registered Nurse Practitioner _____	EMT _____
Registered Nurse _____	Paramedic _____
Physician Assistant _____	Advanced Disaster Life Support (ADLS) _____
Advanced Trauma Life Support (ATLS) _____	Pediatric Life Support (PALS) _____
Other _____	Registered Sanitarian _____

Work Contact Information

Occupation _____ Specialty _____
 Full time Part time Retired Student

Employer _____ Address _____

City _____ State _____ Zip Code _____

Gender Male Female

Social Security Number _____ Professional License Number _____

Certifications _____ Expiration Date _____

Event Availability

Please indicate when you are available to volunteer from 9/15/2010 – 10/15/2010.

____ Any date or time (*you must sign up to work at least 24 hours*)

Specific Date/Time Availability

Date _____	Time _____	Date _____	Time _____
Date _____	Time _____	Date _____	Time _____
Date _____	Time _____	Date _____	Time _____
Date _____	Time _____	Date _____	Time _____

____ I'm interested in becoming a regular Medical Reserve Corps volunteer. Please send me more information.

Volunteer Consent Agreement

This volunteer agreement is limited to the World Equestrian Game event activities for the period of September 1, 2010 thru October 15, 2010. The Health Department recognizes its responsibility to volunteers, to assure fair and equal treatment and will not discriminate on the basis of color, religion, sex, age or national origin or against any qualified disabled individual, or veteran. The Lexington Fayette County Health Department reserves the right to disqualify or reject any volunteer.

I understand that I am applying for an unpaid volunteer position for the World Equestrian Games and that this is not an application for or contract of employment. I further agree that as a Medical Reserve Corp World Equestrian Game Special Event Volunteer, I will abide by all rules, policies and procedures established by Lexington Fayette County Health Department, Federated Equine International and sponsoring agency. I will not accept payment for my services and that I will incur all costs associated with this volunteer effort.

The statements I have made on this registration are true, complete and accurate to the best of my knowledge. I understand that any misrepresentation, omission of information, or misleading and incomplete data shall result in disqualification from consideration or dismissal as a volunteer and possible legal action.

I agree to allow Lexington Fayette County Health Department or its agents to request a background check to assist in establishing my ability to perform as a Medical Reserve Corps World Equestrian Games Special Events volunteer.

X _____
Signature

Date