



Mobile Medical Reserve Corps Agreements



CONFIDENTIALITY AGREEMENT

I understand the need for confidentiality and will not discuss or disclose any identifying information about the patients I am working with, without prior permission from MMRC Coordinator and the client. This includes any reference to names, addresses, or other identifiable information.

I acknowledge the importance of patient confidentiality and pledge my commitment to honor the confidentiality of all patient information even after I am no longer a member of the MMRC. I understand that failure to maintain this confidentiality may result in legal or disciplinary action.

RELEASE OF LIABILITY AGREEMENT

I understand that I have chosen to volunteer with the Mobile Medical Reserve Corps (MMRC) as a medical or non-medical individual and will adhere to the policies and procedures.

I understand that I will be assisting patients with various medical needs, which may entail some risk of personal injury. I certify that I am in good health and physically able to perform this type of assistance. I understand that I am engaging in this unit at my own risk. I assume all risk and responsibility as well as related costs and expenses for any damage or any personal injury, which I may sustain while involved in this volunteering.

In the event that the MMRC coordinates accommodations, I understand that they are not responsible or liable for my personal effects and property and that they will not provide lock up or security for any items. I will hold them harmless in the event of theft, or for loss resulting from any source or cause. I further understand that I am to abide by whatever rules and regulations may be in effect for the accommodations at that time

I release, discharge, indemnify and forever hold Mobile County Health Department, members of the MMRC Advisory Board, and any other referring agency or organization, together with their officers, agents, servants and employees, harmless from any and all causes of action arising from my participation in this unit, including travel or lodging associated therewith, or any damages which may be caused by one's own negligence.

BACKGROUND INVESTIGATION AGREEMENT

To protect myself, unit members and the individuals served while representing the Mobile Medical Reserve Corps, I give consent for the Mobile County Health Department to conduct regular background checks. I understand investigation findings are subject to review of the MMRC Coordinator and Advisory Board and will abide by policies established for disciplinary procedures and volunteer dismissal/resignation if needed.

CODE OF CONDUCT AGREEMENT

As a member of the Mobile Medical Reserve Corps (MMRC), I agree to the following:

- I have read, understand and will adhere to the Standard Operating Procedures manual.
- I agree to attend the volunteer orientation training.
- I understand I must adhere to the Incident Command System (ICS) and the National Incident Management System (NIMS) and that I must take the appropriate Incident Command System courses for my level of involvement.
- During an activation, drill or educational program:
 - I will dress in a neat and clean fashion in a manner appropriate to my assigned duty.
 - I will wear the identification provided to me by the MRC at all times.
 - I will conduct myself in a professional manner.
- I will respect the rights and dignity of all volunteers and clients while representing MMRC.
- I will perform tasks within my scope of knowledge and skill and license/credentials while representing MMRC.
- I understand that I am making a commitment to participate in trainings, drills and other activities according to my chosen level of involvement
- I will not speak to the press unless authorized to do so.
- I will participate in debriefings and provide feedback following an incident in which I participate.
- I will promptly address any issues or concerns with MMRC Advisory Board.
- I understand that I am subject to disciplinary action or dismissal.

I, hereby acknowledge that I have read the above agreements to release liability, give consent for background investigation and adherence to the unit code of conduct.

Print MMRC Volunteer Name

Signature and Date of MMRC Volunteer

Signed by MMRC Applicant/Volunteer (checking this box serves as online signature)