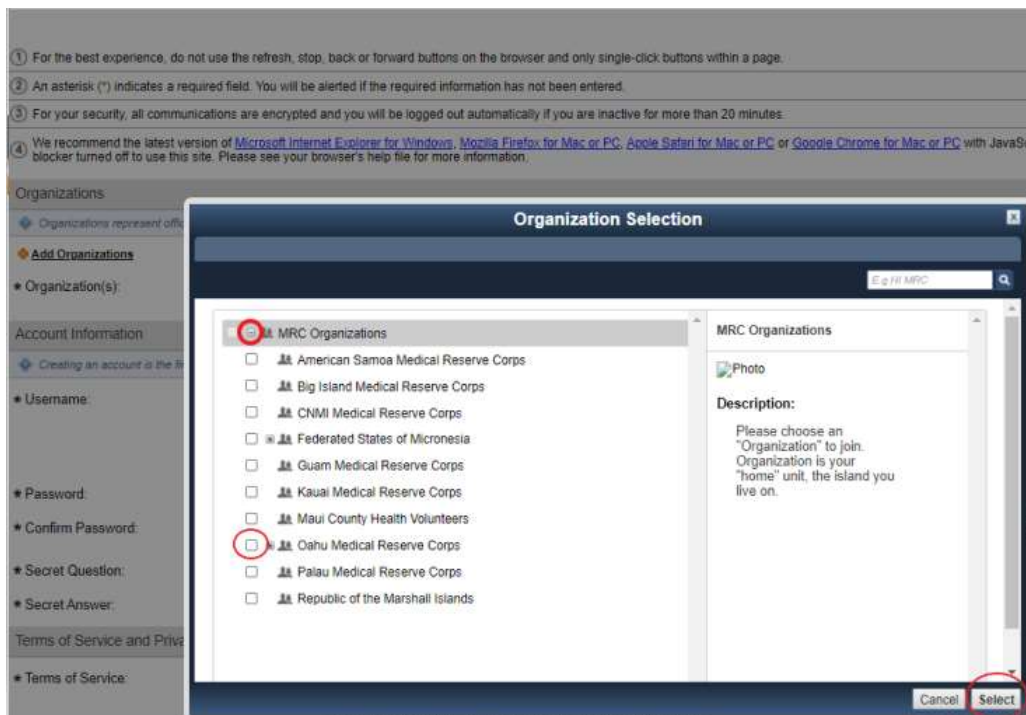


# Hawaii Medical Reserve Corps (HIMRC) Volunteer Sign-Up Instructions for University of Hawaii System Volunteers – UH MRC

1. Go to [www.nlk.doh.hawaii.gov](http://www.nlk.doh.hawaii.gov)



2. Click on “Register Now”
3. Fill out required information indicated by an asterisk (\*)
4. Click on “Add Organizations” to view different MRC Units
5. Click on + symbol in order to view all organizations
6. Choose “Oahu Medical Reserve Corps”
7. Click “Select”



8. After Choosing Organization and filling out required (indicated by an \* asterisk) information, go through profile tabs to fill in missing information
9. Complete “Background Check” information (see [Background Check](#) information)

### Other Information

- By filling out an application, individuals sign a [volunteer conduct and confidentiality agreement](#)
- An MRC Unit Coordinator or designee will check on applicant’s application progress
- The MRC Unit Coordinator or designees will contact individuals and inform them of required training
  - HDOH specific Health Insurance Portability and Accountability Act (HIPAA) Privacy and Security Awareness training
    - Accessible through the [TRAIN](#) learning platform
    - Training that is taken on TRAIN is **automatically** recorded in a HIMRC volunteer’s online profile
- Unit Coordinator or assigned staff will create MRC identification badges **if needed**
  - Badges carry the HDOH and MRC logo along with the volunteer’s name and photo
  - Coordination pick-up or direction to send badges via postal service expected



Note: The following is only applicable if student does not have a background check on file in the UH System

## Background Check

- Background checks will be conducted by the HIMRC State Coordinator
  - Background checks take an estimated 24 – 48 hours to process
  - Social Security Number (SSN), address and birthdate needed

How to fill out a background check in the MRC volunteer system:

1. Applicant goes to [www.nlk.doh.hawaii.gov](http://www.nlk.doh.hawaii.gov)
2. Log in with their username and password
3. Go to Profile tab → Summary tab
4. Click on Background Check
5. Go to View Details under Validated Criminal Check (National)
6. Click on “Form”
7. Click on Edit Background Check Form
8. They must consent to the background check, check their birth date, add in their Social Security Number (SSN) and click on “Save”

Check Type	Check Status	Last Updated	
Manual Background Check	Unknown		<a href="#">View Details</a>
Validated Criminal Check (National)	Ready to Submit	10/06/2020	<a href="#">View Details</a>



Viewing Profile For: [REDACTED]

Overview Profile Organizations Account Settings Accountability

Summary Identity Deployment Prefs Contact Occupations Training Skills Background Check Medical History

PRINT VIEW

## Validated Criminal Check (National)

View: Validated Criminal Check (National) ▾

**Form** Results

[Edit Background Check Form](#)

### Background Check

I confirm the user has provided written consent to having a background check run; **Yes**

Consent Type:

Written Consent Notes:

### Name

Prefix:

First Name:

Middle Name:

Last Name:

Suffix:

### Identifying Information

Date of Birth: 10/23/1984

**Social Security Number:**

Work State: Hawaii





## Medical Reserve Corps (MRC) Volunteer Agreement for Hawaii and the Pacific Island Jurisdictions

### VOLUNTEER CERTIFICATION:

I hereby certify that all the information which I have provided during the Medical Reserve Corps application process is accurate and correct and I hereby make application for membership in the Medical Reserve Corps affiliated with the appropriate unit/organization. I understand that I am applying for a volunteer position and that this is not an application for, or contract of, employment. If any of the information given on this application is incomplete or untrue, I understand that my assignment may be terminated.

### VOLUNTEER CONSENT FOR REFERENCE, CREDENTIAL, AND BACKGROUND CHECKS:

I hereby give the Medical Reserve Corps and/or the Department of Health (as appropriately affiliated with the specific unit/organization), permission to inquire into my licenses, credentials, educational background, references, driving record, police records, employment and my volunteer history. Information needed to conduct background checks include, but are not limited to, social security number, legal name, and birth date. I further give permission to the holder of any such records to release this information to the Medical Reserve Corps/Department of Health or its sponsoring agencies. I understand that the Medical Reserve Corps/Department of Health will only use this information as part of its verification of my volunteer application and periodically for evaluation purposes. I do hereby hold the Medical Reserve Corps/Department of Health harmless from any liability, whether civil or criminal, which may arise as a result of the release of this information. I further hold harmless any individual, agency, business or corporation that provides information or documents to the Medical Reserve Corps/Department of Health. I further understand that there may be additional screening procedures.

### VOLUNTEER CONSENT FOR RELEASE OF INFORMATION:

I do hereby give the Medical Reserve Corps/Department of Health permission to release personal information to local, state, and federal emergency management agencies and other Health and Human Services agencies as needed. In addition, I give my consent to use my image and name as a MRC volunteer in publicity about the program, as needed. **There is no expiration on this permission unless notified.**

### STATEMENT OF UNDERSTANDING AND CONFIDENTIALITY:

I understand that as a volunteer with Medical Reserve Corps/Department of Health (as appropriately affiliated with the specific unit/organization), that all information that I hear and see is strictly confidential and is not to be discussed outside of the Medical Reserve Corps/Department of Health. I agree to observe the policies and procedures of the Medical Reserve Corps/Department of Health.

The Medical Reserve Corps/ Department of Health does not discriminate on the basis of race, color, religion, sex, national origin, age, ancestry, marital status, unfavorable discharge from the military, disability or any other legally protected status, in accordance with applicable legal requirements.

This is an Affirmative Action/Equal Opportunity Organization.

A Photocopy of this release form will be valid as an original, even though the said photocopy does not contain an original writing of my signature.

