

Bristol County Medical Reserve Corps

VOLUNTEER APPLICATION <input type="checkbox"/> Bristol-Norfolk Area <input checked="" type="checkbox"/> Greater Fall River Area <input type="checkbox"/> Greater New Bedford Area <input type="checkbox"/> Greater Taunton Area		Return to: <div style="text-align: center; color: blue;"> Westport Board of Health Attn: Nancy Paquet 856 Main Road Westport, MA 02790 </div>	
VOLUNTEER INFORMATION		VOLUNTEER ADDRESS	
Last Name		Home Address	
First Name		Town/City	State Zip
MI	Nickname		
<input type="checkbox"/> Male <input type="checkbox"/> Female	Race/ethnicity (optional)	Mailing Address	
Date of Birth		Town/City	State Zip
VOLUNTEER CONTACT INFORMATION		AVAILABILITY FOR SERVICE (check all that apply)	
Home e-mail Address		<input type="checkbox"/> National <input type="checkbox"/> Statewide <input type="checkbox"/> Regional <input type="checkbox"/> My town only	
Work e-mail Address		<input type="checkbox"/> Day <input type="checkbox"/> Evening <input type="checkbox"/> Overnight <input type="checkbox"/> Weekend	
Cell Phone	<input type="checkbox"/> Call First	<input type="checkbox"/> I have responsibilities and/or limitations that may affect my job placement. <input type="checkbox"/> Are you part of an emergency or disaster plan with another organization? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Home Phone	<input type="checkbox"/> Call First		
Work Phone	ext. <input type="checkbox"/> Call First		
Other (i.e. pager)		Name of Organization	
EMERGENCY CONTACT INFORMATION		EMPLOYMENT – EDUCATION - SKILLS	
Name		Occupation	
Relationship		Work Status: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Student <input type="checkbox"/> Retired	
Address		Employer	
Cell Phone		Address	
Home Phone		Phone	ext. Fax
Work Phone		Type of Degree	
Other Person for contact		Major	Yr Graduated
Phone #		Languages Spoken <input type="checkbox"/> Read <input type="checkbox"/> Write	
AREAS OF INTEREST & SKILLS		Licensed and Non-licensed Volunteers	
<input type="checkbox"/> Case Management <input type="checkbox"/> Compassionate Provider <input type="checkbox"/> Data Analysis <input type="checkbox"/> Events Organizer <input type="checkbox"/> Interviewing <input type="checkbox"/> Mental/Behavioral Health <input type="checkbox"/> Pet Care <input type="checkbox"/> Shelter Care <input type="checkbox"/> Translator/Interpreter <input type="checkbox"/> Assist with vaccination or dental clinics <input type="checkbox"/> Provide health program assistance <input type="checkbox"/> Other Interest or Experience _____		<input type="checkbox"/> Child Care <input type="checkbox"/> Computer Support <input type="checkbox"/> Data Entry <input type="checkbox"/> Food Preparer <input type="checkbox"/> Materials Management <input type="checkbox"/> Military Experience <input type="checkbox"/> Phone Bank <input type="checkbox"/> Social Work <input type="checkbox"/> Vaccination <input type="checkbox"/> Assist with form completion <input type="checkbox"/> Medical records assistance	
		<input type="checkbox"/> Clinical/Medical/Nursing <input type="checkbox"/> Crisis Intervention <input type="checkbox"/> Driver/Delivery <input type="checkbox"/> Fund Raising <input type="checkbox"/> Maternal/Child Health <input type="checkbox"/> Office Worker <input type="checkbox"/> Public Safety <input type="checkbox"/> Triage <input type="checkbox"/> Clinic or shelter manager <input type="checkbox"/> Provide education on health topics	

Please complete and sign reverse side

Revised 10/16/08

TRAINING CERTIFICATES (CPR, First Aid, CERT, Disaster Training, ICS-100, Etc.) attach separate page if needed

Certifications	Certifying Agency	Date Completed

PROFESSIONAL LICENSED VOLUNTEERS List all applicable (i.e. MD, RN, DDS, EMT, Electrician, Plumber, etc.)

Licenses	State	License/Certification#	Expiration Date

LEVEL OF INVOLVEMENT (Please check only one)

- ☐ **Response Level:** Response Level involves a minimal time and training commitment. Members are only asked to volunteer in the event of a mass emergency.
- ☐ **Active Level:** Active Level involves slightly more time and training commitment. In addition to the initial mandatory trainings, attend other trainings of your choice. A minimum of two trainings/meetings a year is required to maintain active level. You may also want to be involved in non-emergency health activities.
- ☐ **Leadership Level:** Leadership level is open to those who want a role in management of a Medical Reserve Corps Unit. There is a larger time and training commitment.

Please read and complete this section and sign below

1. Have you ever had your professional license suspended or revoked? ☐ NO ☐ YES, Attach letter of explanation
2. Have you ever been convicted of a felony or misdemeanor that resulted in imprisonment which was not a first offence? ☐ NO ☐ YES, Attach letter of explanation

I Volunteer Consent for References, Background Checks, Release of Information and Media Waiver

- ☐ I understand that the information on this application will be kept confidential. I do hereby give the Bristol County Medical Reserve Corps permission to inquire into my background, including references, employment, licensure, driving record, police record, education and/or volunteer history as part of the verification/application process. I further give permission to the holder of any such records to release the same to the BCMRC. Additionally, I do hereby consent to the release of personal information to local, state and federal emergency management and other Health and Human services agencies as needed. I further understand I will be required to sign a CORI request form. I understand that as a Medical Reserve Corps volunteer I am not paid for my services. I further understand that I will be required to sign a Code of Conduct upon approval of my application and that the MRC may develop, participate in or be the subject of media based presentations and events and give my permission to publish my name and photograph with any MRC activity. I hereby hold the MRC harmless of any liability, whether civil or criminal, that may arise as a result of the release of information about me. I further hold harmless any individual, agency, business or corporation that provides documents to the MRC.

Assumption of Risk

- ☐ I recognize that the Volunteer Medical Corps may involve physical labor and may carry a risk of personal injury. I further recognize that there may be natural and manmade hazards, environmental conditions, diseases and other risks, which in combination with my actions could cause injury to me. I hereby agree to assume all risks, which may be associated with or may result from my participation in this volunteer program.

Release

- ☐ I hereby release the BCMRC and the "Hosting Community", its agencies, departments, officers, employees, agents and assigns, from any and all liability, claims, demands, actions, and causes of action whatsoever for any loss claim, damage, injury, illness, attorney's fees or harm of any kind or nature to me arising out of any and all activities associated with this volunteer program.

Signature of Volunteer _____

Date _____

Printed Name _____