

Upper Merrimack Valley Medical Reserve Corps

Volunteer Application



Please print clearly

Personal Contact Information

Last Name _____ First Name _____ MI _____ (Circle one above) Dr. Mrs. Mr. Ms.

Home Address: Street _____ Apt. # _____

City _____ State _____ Zip Code _____

Home Phone # (____) _____ Cell Phone # (____) _____ Work Phone # (____) _____

E-mail Address _____ Personal Pager # (____) _____

In case an emergency happens **to me** please contact:

Name: _____ Relationship: _____

Daytime phone number: _____ Evening phone number: _____

Although the focus of our unit is on local emergencies, would you like us to call you in case of a statewide or national emergency (such as Hurricane Katrina relief efforts in 2005)?

Please circle any that apply:

National

Statewide

UMV Region

My town only

If volunteers are needed for response to an emergency during the hours when you'd be working, is it ok to contact you at your place of employment? **Yes No**

If yes please provide the following information:

Occupation _____ (check) Full Time Part Time Retired Student

Employer _____ Address _____

General Phone Number (____) _____ Your extension _____ Fax #(____) _____

In the event volunteers are called to respond to an emergency: Please list additional person(s) who may be used to contact you if we are unable to reach you using the information provided above.

Contact _____ Phone Number (____) _____ Relationship _____

Education

Education (check highest level) High School College Graduate School Other _____

School Name: _____ Location: _____

Type of Degree: _____ Major/Specialization: _____ Year Graduated: _____

License

(Professionals with a current license or certification in any health or mental health field)

*Circle all applicable:**License/Certification #**Expiration Date*

1. M.D./ D.O. _____
2. D.V.M./ V.M.D. _____
3. D.D.S./D.M.D. _____
4. D.C. _____
5. R.N. _____
6. L.P.N. _____
7. EMT/ Paramedic _____
8. P.A/ N.P. _____
9. Pharmacist _____
10. Psychiatrist/Psychologist _____
11. Other Mental Health Practitioner _____
12. Social Work LSCSW LMSW LBSW _____
13. Other health related degrees or licenses _____
14. Do you have prescriptive authority? **Yes** **No**

***** Please attach a copy of your current professional license to this application. *******Certifications & Training**

(Check any that apply)

Certifications**Most Recent Date****Certifying Agency**

- | | | |
|---|--|--|
| <input type="checkbox"/> CPR | | |
| <input type="checkbox"/> First Aid | | |
| <input type="checkbox"/> Disaster Training | | |
| <input type="checkbox"/> CERT | | |
| <input type="checkbox"/> Bloodborne Pathogens & Standard Precautions | | |
| <input type="checkbox"/> Military Medical Training | | |

Training (Check/circle any that you have attended)

- Incident Command System 100/200 other
- NIMS-700
- Epidemiology
- Bioterrorism
- Terrorism & emergency response to terrorism

Other Training (list below)

Skills

What languages do you **speak** or understand other than English? Please list and indicate level of fluency:
(Include sign language)

| Languages spoken: | level of fluency (<i>circle one</i>) | | | Read and write? | |
|-------------------|--|-------------|-------------|-----------------|-----------|
| | Excellent | Fair | Poor | Yes | No |
| _____ | | | | | |
| _____ | | | | | |

Please list any other special skills you bring to the Medical Reserve Corps.

Areas of Interest Indicate your areas of interest by checking below (you may check more than one area)

During an Emergency (At a mass vaccination or pharmaceutical distribution site or shelter)

| | |
|--|---|
| Licensed volunteers | |
| <input type="checkbox"/> Assist with vaccinations | <input type="checkbox"/> Mental Health consultation |
| <input type="checkbox"/> Pharmaceutical distribution | <input type="checkbox"/> Medical Screening |
| | <input type="checkbox"/> Staffing Shelters |

| | |
|--|--|
| Non-licensed volunteers | |
| <input type="checkbox"/> Greet patients | <input type="checkbox"/> Assist with clinic/shelter flow |
| <input type="checkbox"/> Register patients | <input type="checkbox"/> Forms completion and collection |
| <input type="checkbox"/> Educate patients (on the vaccination procedure) | <input type="checkbox"/> Data Entry |
| <input type="checkbox"/> Language interpreter/translator | <input type="checkbox"/> Supply/Stock Manager |
| <input type="checkbox"/> Public Information contact | <input type="checkbox"/> Clinic/shelter Manager |
| <input type="checkbox"/> Computer support | <input type="checkbox"/> Other logistics support |
| | <input type="checkbox"/> Other as needed |

