Upper Merrimack Valley Medical Reserve Corps

Volunteer Application

Please print clearly



Personal Contact Information		Dr. Mrs. Mr. Ms
Last Name	First Name	MI (Circle one above)
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 m		
Name:	Re	elationship:
Daytime phone number:	Evening μ	phone number:
Although the focus of our unit is or statewide or national emergency (Please circle any that apply:		
	0 ,	ion My town only he hours when you'd be working, is it
If yes please provide the following	ing information:	
Occupation	(check) 🚨 Full Time	☐ Part Time ☐ Retired ☐ Student
Employer	Address	
General Phone Number ()	Your extension	Fax #()
In the event volunteers are called to used to contact you if we are unable		e list additional person(s) who may be on provided above.
Contact	Phone Number ()	Relationship
Education		
Education (check highest level) High	gh School 🚨 College 📮 Gr	aduate School 🏻 Other
School Name:	Location:	
Type of Degree:	Major/Specialization:	Year Graduated:

License	(Professionals with a current license or o	certification in any health or	mental health field)	
Circle all applic	cable:	License/Certification	on #	Expiration Date
1. M.D./ D.O				
2. D.V.M./ V.M	.D			
	D			
	nedic			
8. P.A/ N.P				
9. Pharmacist				
10. Psychiatrist	t/Psychologist			
11. Other Ment	al Health Practitioner			
12. Social Worl	k LSCSW LMSW LBSW			
13. Other healt	h related degrees or licenses			
14. Do you hav	re 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
☐ CPR		
☐ First Aid		
☐ Disaster Training		
☐ CERT		
☐ Bloodborne Pathogens & Standard Precautions		
☐ Military Medical Training		

Train	ing	(Check/circle any that	it you have attend	iea)	D. Other T	ing (lights steer)	
		Incident Command S	ystem100/200 c	other	☐ Other Frain	ing (list below)	
		NIMS-700	,				
		Epidemiology					
		Bioterrorism					
		Terrorism & emergen	cy response to	terrorism			
Skills	•						
What	langua	ages do you <i>speak</i> or	understand oth	er than E	nglish? Please list a	and indicate level of f	luency:
•	_	<i>language)</i> spoken:	level of fluer	icv (<i>circle</i>	e one)	Read and	I write?
J	J	•	Excellent	Fair	Poor	Yes	No
			Excellent	Fair	Poor	Yes	No
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Medical I	Records assista	ance					ions/ pharma	CV
					y/ healthy lif	festyles	-	ng cessation
				☐ Other	topics			
lability	Indicate times v	vhen you are	available to	volunteer (for	r non-emerg	gency)		
onday	☐ Tuesday	│ □ Wedne	sday	Thursday	│ │	y	Saturday	│ │ □ Sunday
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a local ho	ospital, etc.)				ganization	1 ? (Such	n as the Am	erican Red
ould you	ı respond to fi	rst if on Mu	Itiple lists	57				
d you le	arn about the	Medical Res	serve Cor	ps?				
ample all	ergies, medica	tion issues, o	disabilities	, special nee	eds, or bein	ig treate		No ator.
	onday rning on ernoon ening part of a local ho lease lis ould you d you le have any	ming on Afternoon Evening Noon Afternoon Evening I part of an emergence I local hospital, etc.) lease list below. Tould you respond to find you learn about the have any personal hearmale allergies, medical	ming Morning Morning Noon Afternoon Evening Evening Evening Afternoon Evening Evening Afternoon Evening Evening Afternoon Evening Even	rning Morning Morning Noon Afternoon Evening Evening Part of an emergency/disaster plan with a local hospital, etc.) lease list below. Yes Nould you respond to first if on Multiple lists below any personal health issues that would in ample allergies, medication issues, disabilities	Inday Tuesday Morning Morning Noon Afternoon Evening Thursday Morning Noon Afternoon Evening The part of an emergency/disaster plan with any other or a local hospital, etc.) Ilease list below. Thursday Morning Noon Afternoon Evening Thursday Morning Noon Afternoon Evening Thursday Morning Noon Afternoon Evening Thursday Noon Afternoon Evening Thursday Morning Noon Afternoon Evening Thursday Noon Afternoon Evening Thursday Morning Noon Afternoon Evening Thursday Morning Noon Afternoon Evening To part of an emergency/disaster plan with any other or a local hospital, etc.) Ilease list below. Yes No Thursday Morning Noon Afternoon Evening Thursday Noon Afternoon Evening Thursday Noon Afternoon Evening To part of an emergency/disaster plan with any other or a local hospital, etc.) Ilease list below. Thursday Morning Noon Afternoon Evening Thursday Noon Afternoon Evening To part of an emergency/disaster plan with any other or a local hospital, etc.) Ilease list below. Thursday Morning Noon Afternoon Evening Noon Afternoon Evening To part of an emergency/disaster plan with any other or a local hospital, etc.) Ilease list below. Yes No Thursday	Inday Indexed	onday	onday

Signature of applicant

Date

Please return application form to: Nancy Burns, Coordinator Upper Merrimack Valley MRC c/o Board of Health

c/o Board of Health 55 Main Street, 2nd Floor Westford, MA 01886 978-399-2549 <u>nburns@westfordma.gov</u> <u>www.umvmrc.org</u> 4