VOLUNTEER APPLICATION

Please print or type

Name		**Age:**	**Eye Color:**
Street Address (Mailing)		**Height:**	**Weight:**
City	**State**	**Zip**	
Home Phone	**Work Phone**	**Cell Phone**	
Email		**Cell Phone Carrier**	

Type: Medical Professional:

- ❑ Doctor
- ❑ Nurse
- ❑ Dentist
- ❑ Pharmacist
- ❑ Psychiatrist
- ❑ Veterinarian

- ❑ Mental Health
- ❑ Social Worker
- ❑ EMT
- ❑ Non Medical
- ❑ Other_____

_____

Emergency contact information:

Name:
Address:

Home #:
Cell #:

License or Certificate/Registration Number:	**Languages:**	**Drivers License #:**
I have read of the conflict of interest law ☐ **Pages: 2,3 and 4 of this document*	**State License Held:**	**Expiration Date:**

Level of Participation Desired: I prefer to be:

- ❑ **ACTIVE** — **Receive notifications of ALL training opportunities, training drills & exercises, Emergency events, as well as non-emergency volunteer opportunities**
- ❑ **LIMITED** — **Receive only notification of training drills & exercises and all emergency events**

Volunteer Interests: Check all that apply: Human Sheltering___ Animal Sheltering___ Web Assistance___ Administration___ Public Safety ___ Phone Bank___ Executive Committee___ Clinical___ Fundraising___ Database___ Newsletter Production___ Volunteer Coordination___ Behavioral Health___ Deliveries___ Clerical Help___

Mass Dept. of Public Health-MA Responds or Region 4A MRC has been certified by the Department of Criminal Justice Information Services (formerly the Criminal History Systems Board) for access to conviction and pending criminal case data. As an applicant for the Medical Reserve Corps, I understand that a criminal record check will be conducted for conviction and pending criminal case information only and that it will not necessarily disqualify me. The information contained herein is correct to the best of my knowledge.

Date of Birth _____/_____/_____ Social Security (last six digits) #____-_____

Signature _____ **Date**_____/_____/_____

http://www.mass.gov/eopss/docs/chsb/803-cmr-2-00-criminal-offender-record-information-cori.pdf

Location Preference for Responding: Check all that apply

Your town only	☐	Region 4a	☐	New England	☐	Anywhere in the US	☐
Surrounding Towns	☐	State	☐	East Coast	☐	Anywhere in the world	☐

Signature	**Date**

Privacy Act Statement

This information is requested by Region 4a Medical Reserve Corps and is for the purpose of organizing volunteers and staff to respond to public health emergencies and all information will be kept in a secure manner.

Stow Board of Health Office
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