

Mystic Valley Medical Reserve Corps

Volunteer Application



Personal Contact Information

| | |
|------------------------------------|--|
| Name (First / MI / Last): | Check One: <input type="checkbox"/> Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. |
| Street Address (Including Apt. #): | Home Phone: |
| City / State / Zip: | Work Phone: |
| E-mail Address: | Cell Phone: |
| | Personal Pager: |

Emergency Contact

| | |
|---------------|----------------|
| Name: | Daytime Phone: |
| Relationship: | Evening Phone: |

Geographic Area of Interest

Although the focus of our unit is on local emergencies, we do keep record of those volunteers willing to lend assistance in case of a statewide or national emergency (such as Hurricane Katrina relief efforts in 2005).

Please check your area(s) of interest:

- My town only
 Mystic Valley Region (Medford, Malden, Melrose, Stoneham, Wakefield)
 Statewide Massachusetts
 Anywhere in the USA

Employment Information

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

If yes, please provide the following information:

| | |
|--------------------|---|
| Occupation: | Check One: <input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Retired <input type="checkbox"/> Student |
| Employer: | General Phone Number: |
| Street Address: | Your Extension: |
| City / State / Zip | Fax Number: |



Education

| | |
|--|----------------------|
| Check highest level of education completed: <input type="checkbox"/> High School <input type="checkbox"/> College <input type="checkbox"/> Graduate School <input type="checkbox"/> Other | Year Graduated: |
| School Name: | Location: |
| Type of Degree: | Major/Specialization |

Licenses

If you have any current licenses or certifications in any health or mental health field, please check those that apply and provide the appropriate license information below. Please also attach a copy of your current professional license(s) to this application.

| Type of License | License/Certification Number | Exp. Date |
|--|------------------------------|-----------|
| <input type="checkbox"/> M.D./D.O. | _____ | _____ |
| <input type="checkbox"/> D.V.M./V.M.D. | _____ | _____ |
| <input type="checkbox"/> D.D.S./D.M.D. | _____ | _____ |
| <input type="checkbox"/> D.C. | _____ | _____ |
| <input type="checkbox"/> R.N. | _____ | _____ |
| <input type="checkbox"/> L.P.N. | _____ | _____ |
| <input type="checkbox"/> EMT/Paramedic | _____ | _____ |
| <input type="checkbox"/> P.A./N.P. | _____ | _____ |
| <input type="checkbox"/> Pharmacist | _____ | _____ |
| <input type="checkbox"/> Psychiatrist/Psychologist | _____ | _____ |
| <input type="checkbox"/> Other Mental Health Practitioner | _____ | _____ |
| <input type="checkbox"/> Social Work: LSCSW | _____ | _____ |
| <input type="checkbox"/> Social Work: LMSW | _____ | _____ |
| <input type="checkbox"/> Social Work: LBSW | _____ | _____ |
| <input type="checkbox"/> Other health related degrees/licenses | _____ | _____ |

Do you have prescriptive authority? Check one: Yes No



Certifications and Training

Check all 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"/> Military Medical Training | _____ | _____ |
| <input type="checkbox"/> Blood borne Pathogens & Standard Precautions | _____ | _____ |

Training

- Incident Command System 100/200 or other
- NIMS-700
- Epidemiology
- Bioterrorism
- Terrorism & Emergency Response to Terrorism

Other Training:

Language Skills

In addition to English, which languages (including sign language, if appropriate) do you speak and/or understand? Please include your self-assessed level of fluency and whether or not you can read and write in that language.

| Language | Level of Fluency? | | | Read? | | Write? | |
|-----------------|------------------------------------|-------------------------------|-------------------------------|------------------------------|-----------------------------|------------------------------|-----------------------------|
| _____ | <input type="checkbox"/> Excellent | <input type="checkbox"/> Fair | <input type="checkbox"/> Poor | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| _____ | <input type="checkbox"/> Excellent | <input type="checkbox"/> Fair | <input type="checkbox"/> Poor | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| _____ | <input type="checkbox"/> Excellent | <input type="checkbox"/> Fair | <input type="checkbox"/> Poor | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| _____ | <input type="checkbox"/> Excellent | <input type="checkbox"/> Fair | <input type="checkbox"/> Poor | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |



Other Skills

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

Areas of Interest

Please indicate your areas of interest in both emergency and non-emergency situations by checking below. Check all that apply.

During an emergency, at a mass vaccination, a pharmaceutical distribution site, or shelter...

Licensed volunteers

- Vaccinations
- Pharmaceutical distribution
- Mental health screening
- Medical screening
- Staffing shelters

Non-licensed volunteers

- Greet patients
- Register patients
- Computer support
- Direct clinic/shelter traffic
- Interpreter/translator
- Educate patients (on vaccination procedures)
- Help patients complete forms; collect forms
- Public information contact
- Data entry
- Supply/stock manager
- Clinic/shelter manager
- Other logistics support
- Other as needed

Non-emergency opportunities...

Direct support (working with patients)

- Flu clinics
- Health fairs
- Patient education
- Patient assistance filling out forms
- Interpretation services
- Children's health screenings

Indirect support (little or no patient contact)

- Health program assistance
- Computer support
- Clerical assistance
- Medical records assistance
- Health education and/or presentation preparation



Availability

For non-emergency volunteer needs, please indicate when you are available; check the day of the week and circle the time(s) of day.

| | | | | | | |
|---------------------------------|----------------------------------|------------------------------------|-----------------------------------|---------------------------------|-----------------------------------|---------------------------------|
| <input type="checkbox"/> Monday | <input type="checkbox"/> Tuesday | <input type="checkbox"/> Wednesday | <input type="checkbox"/> Thursday | <input type="checkbox"/> Friday | <input type="checkbox"/> Saturday | <input type="checkbox"/> Sunday |
| Morning | Morning | Morning | Morning | Morning | Morning | Morning |
| Noon | Noon | Noon | Noon | Noon | Noon | Noon |
| Afternoon | Afternoon | Afternoon | Afternoon | Afternoon | Afternoon | Afternoon |
| Evening | Evening | Evening | Evening | Evening | Evening | Evening |

Are you part of an emergency/disaster plan with any other organization (such as the American Red Cross, a local hospital, etc.)? Yes No

If yes, who would you respond to first? _____

Do you have any health issues (allergies, medication issues, physical disabilities, etc.) that would impact your ability to volunteer? Yes No

If yes, please list here or speak personally with the MRC coordinator. _____

How did you learn about the Medical Reserve Corps? _____

I understand that any duties I perform in the name of the Mystic Valley MRC are as a volunteer and not an employee of the MRC or the member government agencies. I agree to abide by the procedures set forth by the Mystic Valley MRC for my assigned duties. I also understand that it is my responsibility to update any personal contact, emergency contact, or other changes to the information on this form.

By signing below, I authorize the office of the Mystic Valley MRC to verify any of the information on this form.

Signature of Applicant

Date

Return your completed form and any supporting documentation to:

Karen Rose, Dir. Mystic Valley MRC
Medford Board of Health
85 George P. Hassett Drive, Room 311
Medford, MA 02155

Questions?
Contact us at:
krose@medford.org
(781) 393-2560