



Capital Region Medical Reserve Corps Volunteer Application

Date: _____

A. Personal Information:

Last name:		First name:		Middle initial:
Street Address:				
City:		State:	Zip Code:	
E-mail Address:			Date of Birth:	
Home phone:		Work phone:		
Cell phone:		Other number:		
Please rank the order of the best way to contact you:		Home phone _____ Cell phone _____	Work phone _____ Other number _____	
Do you hold a current driver's license: Yes _____ No _____		State:	License Number: Class:	

B. Emergency Contact

Name:	Relationship:
Phone number:	Alt. phone number:

C. Employment Information

Employer:	F/T:	P/T:	Retired:	Student:
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Check your profession/occupation/certifications:				
Physician: MD		EMT: Intermediate		Dental Assistant/Hygienist
Physician: DO		EMT: Basic		Veterinarian
Physician Assistant		EMT: 1 st Responder		Veterinary Technician
Nurse: RN		Mental Health Practitioner		Lab Technologist/Technician
Nurse: LPN		Social Worker		Educator (Health/Other)
Nurse: LNA		Pharmacist		Administrative Support
Nurse Practitioner		Pharmacy Technician		Other:
EMT: Paramedic		Dentist		
CPR		First Aid		Disaster Preparedness
NH Professional License:		License #		
Prescriptive Authority: Yes _____ No _____		Hospital/healthcare system affiliation (if any):		
Do you hold other relevant license/certifications e.g. Ham radio?		<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Title and Number: _____		

Please complete both sides of application.

D. Other Information

Are you part of any other emergency/disaster response organization? Yes _____ No _____		
American Red Cross		Salvation Army
Citizens Corps CERT		Other _____
Do you have First Aid Certification?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes provide a copy of your card.
Do you have CPR Certification?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes provide a copy of your card.
Do you have Teaching Experience?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Explain.
Do you have HAZMAT training or Certification?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Awareness <input type="checkbox"/> OPS <input type="checkbox"/> Tech <input type="checkbox"/> Specialist

Do you speak any languages other than English? Yes _____ No _____
Sign Language? Yes _____ No _____
Please indicate language and level of fluency:

E. Anticipated MRC Involvement

What level of involvement interests you?
<input type="checkbox"/> Tier 3 All activities and trainings <input type="checkbox"/> Tier 2 Some activities and trainings <input type="checkbox"/> Tier 1 Volunteer only in an emergency
Are you interested in a leadership position within the MRC unit? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Maybe
Would you be willing to participate in a teaching/training role? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Maybe
During an emergency, where would you be willing to volunteer? <input type="checkbox"/> Locally <input type="checkbox"/> Regionally <input type="checkbox"/> Statewide <input type="checkbox"/> Nationally

F. Medical Professionals Only

Please go to www.iCanHelp.NH.gov and register for NH's Emergency System for Advance Registration of Volunteer Healthcare Professionals (ESAR-VHP) so that your credentials can be verified.

<p>All information is confidential and is for the use of the Capital Region Medical Reserve Corps. However, in certain circumstances it may be necessary to share this information with emergency management and Health and Human Service agencies.</p> <p><input type="checkbox"/> I give my permission for the MRC to release personal information to local, state and federal emergency management agencies and other Health and Human Service agencies, as needed.</p> <p>All of the information I have supplied is correct to the best of my knowledge. I do hereby give my local Medical Reserve Corps (MRC) permission to make inquiries concerning licensure and certification. I understand that I am a volunteer and will not be paid for any of my services.</p> <p><input type="checkbox"/> I am willing to submit to a background check as may be required by the State of New Hampshire.</p> <p>Signature _____ Date: _____</p>

Please complete both sides of application.