



VOLUNTEER APPLICATION

Please print or type

Name			
Street Address (Mailing)			
City		State	Zip
Home Phone	Work Phone	Cell Phone	
Email		Employer	
Type: Medical Professional: <input type="checkbox"/> Doctor <input type="checkbox"/> Nurse <input type="checkbox"/> Dentist <input type="checkbox"/> Pharmacist <input type="checkbox"/> Psychiatrist <input type="checkbox"/> Veterinarian		<input type="checkbox"/> Mental Health <input type="checkbox"/> Social Worker <input type="checkbox"/> EMT <input type="checkbox"/> Non Medical <input type="checkbox"/> Other _____ _____	Emergency contact information: Name: Address: Home #: Cell #:
License or Certificate/Registration Number:		Languages:	Drivers License #:
		State License Held:	Expiration Date:
Level of Participation Desired: I prefer to be: <input type="checkbox"/> ACTIVE Receive notifications of ALL training opportunities, training drills & exercises, emergency events, as well as non-emergency volunteer opportunities <input type="checkbox"/> LIMITED Receive only notification of training drills & exercises and all emergency events			
Volunteer Interests: Check all that apply: Administration___ Public Safety___ Phone Bank___ Steering Committee___ Clinical___ Fundraising___ Database___ Newsletter Production___ Volunteer Coordination___ Behavioral Health___ Deliveries___ Clerical Help___			
A Criminal and Sexual Background Check is required of all volunteers: I do hereby give Region 4a Medical Reserve Corps permission to release personal information with local, state and federal emergency management agencies and other Health and Human Service agencies as needed.			
Date of Birth ____/____/____ Signature _____ Date ____/____/____			
Location Preference for Responding: Check all that apply			
Your town only	<input type="checkbox"/>	Region 4a	<input type="checkbox"/>
Surrounding Towns	<input type="checkbox"/>	State	<input type="checkbox"/>
		New England	<input type="checkbox"/>
		East Coast	<input type="checkbox"/>
		Any where in the US	<input type="checkbox"/>
		Any where in the world	<input type="checkbox"/>
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. It will not be utilized or released for any other purpose without your express written permission unless required by law and all information will be kept in a secure manner.

Sudbury Board of Health
 275 Old Lancaster Road Sudbury, MA 01776
 Email: mrc@town.sudbury.ma.us or call # (978)-443-2209 x1366
 Interested in serving on MRC Steering Committee? Yes _____