



# Greater Sullivan County Medical Reserve Corps

Phone: (603) 398-2222 Fax: (603) 542-2829

E-mail: [mrc@sullivancountynh.gov](mailto:mrc@sullivancountynh.gov)

Web [www.sullivancountynh.gov/publichealth](http://www.sullivancountynh.gov/publichealth)

Find us on Twitter! [www.twitter.com/gscmrc](http://www.twitter.com/gscmrc)

## VOLUNTEER APPLICATION Date: \_\_\_\_\_

### Personal Information

**Name:**

*Last* *First* *MI*

**Address:**

*Street* *Apt/Ste* *City* *State* *Zip Code*

Please identify the best sequence in which to contact you by circling the 1<sup>st</sup>, 2<sup>nd</sup> or 3<sup>rd</sup> under each number listed.

Telephone:	1st	2nd	3rd	other
<i>(circle one)</i>	<i>Home Work Cell Pager</i>	<i>H W C P</i>	<i>H W C P</i>	<i>H W C P</i>

**E-mail (if available):** \_\_\_\_\_

**Date of Birth:** (mm/dd/yyyy) \_\_\_\_\_

Emergency Contact:	Name	Relationship	Phone	Alt. Phone

Do you hold a current NH driver's license?  Y  N NH DL# \_\_\_\_\_

### Professional Information

**ALL INTERESTED VOLUNTEERS ARE WELCOME!**

**Employment:** \_\_\_\_\_

*Employer (if applicable)* *FT* *PT* *Retired*

**Check your profession/occupation (all that apply):**

<input type="checkbox"/> Physician: ___MD ___DO	<input type="checkbox"/> Physician Assistant
<input type="checkbox"/> Nurse: ___RN ___LPN ___LNA	<input type="checkbox"/> Nurse Practitioner
<input type="checkbox"/> EMT: ___Paramedic ___Intermediate ___Basic ___1 <sup>st</sup> Responder	<input type="checkbox"/> Educator (health/other)
<input type="checkbox"/> Behavioral Health: ___ Psychologist ___ LSW ___LADAC	<input type="checkbox"/> Administrative Support
<input type="checkbox"/> Pharmacy: ___ Pharmacist ___Pharmacy Tech	<input type="checkbox"/> Therapist: _____
<input type="checkbox"/> Dental: ___ Dentist ___Dental Assistant ___ Hygienist	<input type="checkbox"/> Other:
<input type="checkbox"/> Laboratory: ___ Medical Technologist ___Medical Technician	
<input type="checkbox"/> Veterinary: ___ Veterinarian ___ Vet. Tech.	

*Please complete both sides of application.*

<b>NH Professional License#:</b>		<b>Certification#:</b>	
----------------------------------	--	------------------------	--

<b>Prescriptive Authority?</b> <input type="checkbox"/> Y <input type="checkbox"/> N	<b>Current</b> <input type="checkbox"/> CPR <input type="checkbox"/> First Aid <input type="checkbox"/> Disaster Preparedness
--	---

<b>Specialty Area(s):</b>
---------------------------

<b>Hospital/healthcare system affiliation?</b> <input type="checkbox"/> Y <input type="checkbox"/> N
<b>Name:</b>

**Helpful Information (optional)**

<b>Are you part of any other emergency/disaster response/alert system?</b> <input type="checkbox"/> Y <input type="checkbox"/> N
--

<input type="checkbox"/> American Red Cross	<input type="checkbox"/> Salvation Army	<input type="checkbox"/> Citizen Corps CERT	<input type="checkbox"/> NSP
<input type="checkbox"/> Other:			

<b>Do you speak a foreign language?</b> <input type="checkbox"/> Y <input type="checkbox"/> N	<b>Sign language?</b> <input type="checkbox"/> Y <input type="checkbox"/> N
---	---

Please list

Language	Fluent	Well	Fair	Slight
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>Teaching Experience?</b> <input type="checkbox"/> Y <input type="checkbox"/> N	<b>Leadership Experience?</b> <input type="checkbox"/> Y <input type="checkbox"/> N
---	---

I prefer to: <i>(check all that apply)</i>	<input type="checkbox"/>
Prepare for service in a local emergency/disaster only	<input type="checkbox"/>
Prepare for service in local and/or distant emergency/disaster	<input type="checkbox"/>
Participate in community health initiatives	<input type="checkbox"/>
Participate in a leadership role	<input type="checkbox"/>
Participate in a teaching/training role	<input type="checkbox"/>

<b>Do you have family obligations to consider before responding to an emergency?</b> <input type="checkbox"/> Y <input type="checkbox"/> N
--

**Thank You!**

<b>All information is held confidential and is for the strict use of the Greater Sullivan County Medical Reserve Corps. It will not be shared with any other organization, for any reason, without the expressed written consent of the individual applicant. In compliance with the Privacy Act of 1974.</b>
---

**PLEASE REMIT TO:**

**Greater Sullivan County Medical Reserve Corps**  
**5 Nursing Home Drive**  
**Unity, NH 03743**  
**Phone: (603) 398-2222 / Fax (603) 542-2829**  
**[mrc@sullivancountynh.gov](mailto:mrc@sullivancountynh.gov)**

*Please complete both sides of application.*