

MEDICAL RESERVE CORPS VOLUNTEER APPLICATION

Sharon Health Department, 90 South Main Street, Sharon, MA 02067
Telephone (781) 784.1500 ext. 1206 Email: lwc Allan@townofsharon.org



NAME: First _____ Middle _____ Last _____
ADDRESS Street _____ City _____ State _____ ZIP _____
PHONE: Home _____ Work _____ Cell _____
EMAIL: _____ Drivers License # _____
EMERGENCY CONTACT: Name _____ Relationship _____ Phone _____

DO YOU HAVE PROFESSIONAL TRAINING IN ANY OF THE FOLLOWING:

_____ Dentistry	_____ Psychology/Psychiatry	_____ CPR Certification
_____ Epidemiology	_____ Social work	_____ EMT/Paramedic Certification
_____ Medicine	_____ Veterinary Medicine	_____ Member of the Clergy
_____ Nursing	_____ Student in: _____	
_____ Pharmacy	_____ Other Medical or Public Health Field: _____	
_____ Disaster crisis training		

Please list your degree/certification and date received: _____

Please list any other qualifications: _____

Language Skills: Fluency other than English _____

VOLUNTEER INTERESTS:

_____ Administering vaccines or medications	_____ Clerical tasks and record keeping
_____ Assisting with patient care and communication	_____ Site Security
_____ Greeting residents as they arrive	_____ Crowd and traffic control
_____ Volunteer Coordination	_____ Clergy
_____ Set-up and transportation of materials	_____ Mental Health Support

Level of Participation Desired:

- ☐ **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

Location Preference for Responding: Check all that apply:

☐ Your town only ☐ Surrounding towns ☐ Region 4A ☐ State ☐ New England ☐ East Coast ☐ Anywhere US/World

A Criminal and Sexual Background Check is required of all volunteers: I do hereby give the Town of Sharon 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 _____ Social Security _____ Signature _____ Date _____

We thank you for your interest in volunteering for emergency preparedness!

Send your completed application to:
Linda Callan, Sharon Health Department
90 South Main Street, Sharon, MA 02067

Please feel free to call or email with any questions: 781.784.1500 ext.1141 lwc Allan@townofsharon.org