



**Northern Carroll County
Medical Reserve Corps**
Stonehearth Open Learning Opportunities (SOLO)
PO Box 3150
Conway, NH 03818

Volunteer Application

Northern Carroll County Medical Reserve Corps: A partnership between the towns of Albany, Bartlett, Chatham, Conway, Eaton, Harts Location, Jackson and Madison is recruiting a community-based group of volunteers who can serve during a local health emergency and/or assist with local public health needs throughout the year. Volunteers can choose to serve solely during emergencies, or they may offer their time for both emergencies and non-emergencies, i.e. flu clinics and health fairs. Medical / first aid training is not required to apply.

Name:

Last _____ First _____ MI _____

Address:

Street _____ City _____ State _____ Zip _____

Phone:

Home _____ Work _____ Cell _____

E-Mail _____

Pager _____

Personal Data:

DOB (mm/dd/yy) _____ Soc. Sec. # _____ Drivers License # / State _____

Emergency Contact Information:

Name _____ Relationship _____

Address _____ Phone _____

What are you volunteering for?

Emergencies only: _____ Emergencies AND Non – Emergencies (i.e. Flu Clinics, Health education): _____

Northern Carroll County Area ONLY opportunities: _____ Statewide opportunities: _____

For applicants interested in volunteering for non-emergency assignments, what hours do you prefer?

_____ Weekday mornings _____ Weekday Afternoons _____ Weekday evenings

_____ Weekend mornings _____ Weekend afternoons _____ Weekend evenings

Are you currently employed or do you volunteer at a hospital or other organization that may need your assistance in an emergency?

No _____ Yes _____ If yes please explain _____

Volunteer interests:

_____ Clinical Work _____ Deliveries _____ Fundraising
_____ Administration _____ Health Education _____ Newsletter Production
_____ Phone Bank _____ Volunteer Coordinator _____ Security

Professional / Volunteer Experience:

Organization _____ Dates _____ Address _____

Position _____ Telephone # _____

Licenses & Certifications:

Medical License (specify type) _____ State _____ Number _____ Expiration _____

Nursing License (specify type) _____ State _____ Number _____ Expiration _____

EMT / Paramedic License (specify type) _____ State _____ Number _____ Expiration _____

Other License (specify type) _____ State _____ Number _____ Expiration _____

Certification (specify type) _____ State _____ Number _____ Expiration _____

Certification (specify type) _____ State _____ Number _____ Expiration _____

Have you ever had your professional license suspended or revoked? NO _____ Yes _____

(If Yes please attach letter of explanation)

Have you ever been convicted of a felony or misdemeanor that resulted in imprisonment, which was not a first offense?

_____ No

_____ Yes

Language Fluency in addition to English, including sign language. Please circle your capabilities for each.

Language _____ Speak & Understand _____ Read & Translate _____ Write _____

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Language _____ Speak & Understand _____ Read & Translate _____ Write _____

Please list any disaster services training you have received/or your prior experience with disaster/crisis response.

Examples:

CPR Certification _____	Expiration Date _____
_____	Expiration Date _____
_____	Expiration Date _____
_____	Expiration Date _____
_____	Expiration Date _____

Additional Trainings (please describe) _____

References: Please list three references who are familiar with your qualifications/experience. Do not list relatives.

1. Name: _____ Phone Number: _____

Address: _____

2. Name: _____ Phone Number: _____

Address: _____

3. Name: _____ Phone Number: _____

Address: _____

PLEASE SEND YOUR COMPLETED APPLICATION TO:

**Northern Carroll County Medical Reserve Corps
PO Box 3150
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