



For More Information/Return Form to:

Region 4A - MEDICAL RESERVE CORPS JUNIOR/STUDENT VOLUNTEER APPLICATION

Date: _____

Name: _____
Last First M.I.

Address: _____
Street Apartment/Suite

_____ - _____
City State Zip Code

Telephone: _____ - _____ - _____ (home) _____ - _____ - _____ (work) _____ - _____ - _____ (cell)

E-mail (if available): _____

Employer (if applicable): _____ School (if applicable): _____

Date of Birth: ____/____/____

Consent for Minors:

As the Parent/Legal Guardian of _____, I consent to his/her
Name of Minor
participation as a Junior/Student member of the Northern NH Unit – Medical Reserve Corps.

Consent: _____ Relationship to minor: _____
Signature of Parent/Legal Guardian

____ I am an Emancipated Minor _____
Signature of Emancipated Minor

Date of Emancipation: _____ Court/Judge: _____

All Junior/Student members will adhere to adopted skill sets and trainings that do not exceed their capacity both in practice and emergency response situations. These are predetermined by the Northern NH Medical Reserve Corps Administrative Council.

Additional Information - All interested volunteers welcome!

Check all that apply:

- ___ Interested in Health Professions – list profession(s) _____
- ___ Interested in Public Safety Professions – list profession(s) _____
- ___ Currently a NH Licensed First Responder – License # _____
- ___ Currently an EMS Explorer – Affiliated Service _____
- ___ Do you hold current certification in ___ CPR ___ First Aid ___ Disaster Preparedness
- ___ Are you part of any other emergency/disaster response or alert system ___ Y ___ N
- ___ Do you hold a current NH driver's license? ___ Y ___ N - NH# _____

I prefer to be : ___ Active (leader, trainer, community health initiatives, etc...)
___ Dormant (prepared for service in emergency/disaster only)

**** All information is held confidential and is for the strict use of the Northern NH 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.**