



**Monmouth County Health Department
Medical Reserve Corps
Volunteer Application**



You can complete this application online! Visit <http://www.njmrc.nj.gov>

Date of Application _____

Which classification best describes you? (Choose one)

- Community Health Volunteer (non-medical)
Health Care Professional (medical)

Personal Information:

Name (first/middle/last) _____

Address (street/city/state/zip) _____

Phone: home _____ work _____ cell _____

Circle preferred phone location to reach you.

Email address where you want to receive messages: _____

Date of Birth: _____

Drivers License # _____ exp date _____

Employer (previous if retired) _____

Day Location _____ Availability Days Nights Weekends

Foreign Language _____ read write speak interpret

Emergency Contact – person who we can notify in the event of a personal emergency

Name (first/ /last) _____ Relationship _____

Address (street/city/state/zip) _____

Phone: home _____ work _____ cell _____

Circle preferred phone location where best to reach emergency contact.

Additional Information:

	Yes	No	Comment
• Are you willing to travel and volunteer outside of your county?	<input type="checkbox"/>	<input type="checkbox"/>	
• Are you willing to provide translation service?	<input type="checkbox"/>	<input type="checkbox"/>	
• Do you have ability to communicate using sign language?	<input type="checkbox"/>	<input type="checkbox"/>	
• Have you been immunized against Smallpox?	<input type="checkbox"/>	<input type="checkbox"/>	
• Year of most recent smallpox vaccination: _____	<input type="checkbox"/>	<input type="checkbox"/>	
• Do you have any special needs/restrictions? If so, please explain	<input type="checkbox"/>	<input type="checkbox"/>	
• Are you committed to any <u>other</u> organization or institution, by virtue of employment or volunteerism, in the event of a public health emergency? If yes, explain.	<input type="checkbox"/>	<input type="checkbox"/>	
• Do you have particular expertise and agree to be available for consultation or response throughout the state?	<input type="checkbox"/>	<input type="checkbox"/>	

Training/Continuing Education: Check areas where you have completed training/CE

- | | |
|--|---|
| <input type="checkbox"/> Advanced Cardiac Life Support | <input type="checkbox"/> Hazardous Materials Training (HAZMAT) Biological |
| <input type="checkbox"/> Advanced Trauma Life Support (ATLS) | <input type="checkbox"/> Hospital Preparedness |
| <input type="checkbox"/> Basic Cardiac Life Support (BLS) | <input type="checkbox"/> Incident Command Training (ICS) |
| <input type="checkbox"/> Basic Disaster Life Support (BDLS) | <input type="checkbox"/> Isolation and Quarantine |
| <input type="checkbox"/> Bloodborne Pathogens | <input type="checkbox"/> Mental Health Training for Disasters |
| <input type="checkbox"/> CBRNE Training | <input type="checkbox"/> Pediatric Advanced Life Support (PALS) |
| <input type="checkbox"/> Citizen Emergency Response Team (CERT) | <input type="checkbox"/> Triage |
| <input type="checkbox"/> CPR/AED | <input type="checkbox"/> Vaccination administration smallpox |
| <input type="checkbox"/> Exercise design and evaluation | <input type="checkbox"/> Vaccination administration |
| <input type="checkbox"/> First Aid | <input type="checkbox"/> Venipuncture |
| <input type="checkbox"/> Fit Testing for Particulate Respirators | <input type="checkbox"/> Weapons of Mass Destruction (WMD) |

Experience: Do you have any of the following skills?

- | | | |
|--|---|--|
| <input type="checkbox"/> CPR | <input type="checkbox"/> Facility Management | <input type="checkbox"/> Office Management |
| <input type="checkbox"/> Clerical Work | <input type="checkbox"/> First Aid | <input type="checkbox"/> Phone Receptionist |
| <input type="checkbox"/> Computer Networking | <input type="checkbox"/> Food Services | <input type="checkbox"/> Retired Health Care Prof. |
| <input type="checkbox"/> Computer Skills | <input type="checkbox"/> Interviewing | <input type="checkbox"/> Search/Rescue |
| <input type="checkbox"/> Counseling Skills | <input type="checkbox"/> Inventory Supplies/Equipment | <input type="checkbox"/> Social Work |
| <input type="checkbox"/> Crowd Management | <input type="checkbox"/> Language Interpretation | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Data Entry | <input type="checkbox"/> Loading/Shipping | <input type="checkbox"/> Volunteer Services |
| <input type="checkbox"/> Desk Top Support | <input type="checkbox"/> Lodging Services | <input type="checkbox"/> Other |
| <input type="checkbox"/> Elderly/Disabled Assistance | <input type="checkbox"/> Managerial Services | _____ |

Comments/Details: _____

Health Care Professionals: (MEDICAL) Complete This Section!

Professional Licensure, Certification, Specialties, Experience (medical licenses/certifications)

Name on License/Certification _____ Active? Yes No

State on License/Certification _____ License/Certification Number _____

Specialty (or subspecialty) within the above professional licensure/certification that you possess:

Experience: Do you have any of the following skills/designations?

- | | | |
|---|--|--|
| <input type="checkbox"/> DCM (Doctor of Chiropractic Medicine) | <input type="checkbox"/> Dental Technician | <input type="checkbox"/> Environmental Health Specialist |
| <input type="checkbox"/> DDS, DMD (Dentists) | <input type="checkbox"/> EMT (Emergency Med Tech) | <input type="checkbox"/> Epidemiologist |
| <input type="checkbox"/> DO (Doctor of Osteopathy) | <input type="checkbox"/> Funeral Director/Mortician | <input type="checkbox"/> Health Educator |
| <input type="checkbox"/> DPM (Podiatrist) | <input type="checkbox"/> Information Technologist (IT) | <input type="checkbox"/> Health Officer |
| <input type="checkbox"/> DVM (Veterinarian) | <input type="checkbox"/> Laboratory Technician | <input type="checkbox"/> Health Planner |
| <input type="checkbox"/> MD (Medical Doctor) | <input type="checkbox"/> PT/OT (Physical/Occupational Therapist) | <input type="checkbox"/> Industrial Hygienist |
| <input type="checkbox"/> OD (Optometrist) | <input type="checkbox"/> Paramedic | <input type="checkbox"/> Microbiologist |
| <input type="checkbox"/> PA (Physician's Assistant) | <input type="checkbox"/> Surgical Technician | <input type="checkbox"/> Pastoral Care Professional |
| <input type="checkbox"/> CRNA (Nurse Anesthetist) | <input type="checkbox"/> PharmD (Doctor of Pharmacy) | <input type="checkbox"/> Psychologist |
| <input type="checkbox"/> LPN (Licensed Practical Nurse) | <input type="checkbox"/> Pharmacy Assistant | <input type="checkbox"/> Public Information Officer |
| <input type="checkbox"/> NP (Nurse Practitioner) | <input type="checkbox"/> Pharmacy Technician | <input type="checkbox"/> Social Worker (BSW, MSW) |
| <input type="checkbox"/> Nurse Midwife | <input type="checkbox"/> Registered/Licensed Pharmacist | <input type="checkbox"/> Student of Health Professions |
| <input type="checkbox"/> Nursing Assistant/Patient Care Associate | <input type="checkbox"/> Veterinary Technician | <input type="checkbox"/> Translator/Linguist |
| <input type="checkbox"/> Registered Nurse | <input type="checkbox"/> Certified/Licensed Social Worker (CSW, LCSW, other) | |

Comments/Details: _____

Expectations of Medical Reserve Corps Volunteers

As a volunteer with the Medical Reserve Corps, I will be called upon to assist in the event of a public health emergency. I agree to attend an educational program to explain my role in disaster preparedness; I will be assigned duties based on my level of training and experience. I understand that submitting this application does not guarantee acceptance into the Medical Reserve Corps. The information contained in this application is, to the best of my knowledge, truthful. I agree to serve my fellow citizens to the best of my professional ability.

I agree to the above statement

Signature: _____

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