Greater River Valley MRC
VOLUNTEER APPLICATION

Please print or type

Name

Street Address (Mailing)

City	**State**	**Zip**

Home Phone	**Work Phone**	**Cell Phone**

Email	**Employer**

Type: Medical Professional:

- ❑ Doctor
- ❑ Nurse
- ❑ Behavioral Health
- ❑ Pharmacist
- ❑ Psychiatrist
- ❑ Certified Medical Assistant
- ❑ Dentist
- ❑ Veterinarian
- ❑ EMT
- ❑ Non Medical
  Please list:

Emergency contact information:

Name:
Address:

Home #:

Cell #:

Professional License or Certificate/Registration Number:

Expiration Date:

Drivers License #:

State License Held:	**Expiration Date:**

Trainings/Certifications Held:

☐ **First Aid** ☐ **CPR** ☐ **ICS_____** ☐ **NIMS_____** ☐**Other_____**

Volunteer Interests: Check all that apply:

Administration___ Public Safety ___ Phone Bank___ Steering Committee___ Clinical___ Fundraising___ Database___

Newsletter Production___ Volunteer Coordination___ Behavioral Health___ Deliveries___ Clerical Help___Computer___

Languages Spoken:

NOTE: All Volunteers are required to have a CORI check which will be done by the MRC.

Signature	**Date**

Privacy Act Statement

This information is requested by Greater River Valley Medical Reserve Corps and is for the purpose of organizing volunteers and staff to respond to public health emergencies. It will not be utilized or released for any other purpose without your express written permission unless required by law and **all information will be kept in a secure manner.**

Complete and return to:

Greater River Valley MRC
20 Main Street
Andover, MA 01810
(978)490-6671