



Carroll County Medical Reserve Corps

Volunteer Application

Date: _____

A. Personal Information:

Last name:		First name:		Middle initial:
Street Address:				
City:		State:	Zip Code:	
E-mail Address:			Date of Birth:	
Home phone:		Work phone:		
Cell phone:		Other number:		
Please rank the order of the best way to contact you:		Home phone _____	Work phone _____	
		Cell phone _____	Other number _____	
Do you hold a current driver's license: Yes _____ No _____		State:	License Number:	

B. Emergency Contact

Name:		Relationship:	
Phone number:		Alt. phone number:	

C. Employment Information

Employer:	F/T:	P/T:	Retired:	Student:
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Check your profession/occupation/certifications:				
Physician: MD		EMT: Intermediate		Dental Assistant/Hygienist
Physician: DO		EMT: Basic		Veterinarian
Physician Assistant		EMT: 1 st Responder		Veterinary Technician
Nurse: RN		Mental Health Practitioner		Lab Technologist/Technician
Nurse: LPN		Social Worker		Educator (Health/Other)
Nurse: LNA		Pharmacist		Administrative Support
Nurse Practitioner		Pharmacy Technician		Other Health Occupation: _____
EMT: Paramedic		Dentist		
CPR		First Aid		Disaster Preparedness
NH Professional License:			License #	

Please complete both sides of application

Prescriptive Authority: Yes ____ No ____	Hospital/healthcare system affiliation (if any):
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D. Other Information

Are you part of any other emergency/disaster response organization? Yes ____ No ____	
American Red Cross	Salvation Army
CitizensCorps CERT	Other _____

Do you speak any languages other than English? Yes ____ No ____
Please indicate language and level of fluency:

I prefer to: (check all that apply)	
<input type="checkbox"/>	Prepare for service in a local emergency/disaster
<input type="checkbox"/>	Prepare for service in distant emergency/disaster
<input type="checkbox"/>	Participate in community health initiative
<input type="checkbox"/>	Participate in a leadership role
<input type="checkbox"/>	Participate in a teaching/training role

Do you have family obligations to consider before responding to an emergency? Yes ____ No ____
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E. Medical Professionals Only

Please go to www.iCanHelp.NH.gov and register for NH's Emergency System for Advance Registration of Volunteer Healthcare Professionals (ESAR-VHP) so that your credentials can be verified.

All information is confidential and is for the use of the Medical Reserve Corps in your region. However, in certain circumstances it may be necessary to share this information with emergency management and Health and Human Service agencies.

I give my permission for the MRC to release personal information to local, state and federal emergency management agencies and other Health and Human Service agencies as needed.

I have signed the attached Criminal Record Release Authorization Form

All of the information I have supplied is correct to the best of my knowledge. I do hereby give my local Medical Reserve Corps (MRC) permission to make inquiries concerning licensure and certification. I understand that I am a volunteer and will not be paid for any of my services.

Signature _____ **Date:** _____

If the applicant is under the age of 18, a parent or guardian must sign as well.

Parent/Guardian Signature _____ **Date:** _____

MRC Unit: _____