



City of Springfield, MA Health & Human
Services Medical Reserve Corps
Volunteer Application



Contact Information:

First Name: _____ MI: _____ Last Name: _____
Street Address: _____
City/Town: _____ State: _____ Zip Code: _____
Home Phone: _____ Work Phone: _____
Email Address: _____

Professional Information:

Work Status: _____ (Full-time, part-time, retired, student, other)
Employer/School: _____
Occupation: _____
Check any of the following that apply: (please attached copies of all licenses/certifications)

<input type="checkbox"/> Current Driver's License	<input type="checkbox"/> NIMS-700
<input type="checkbox"/> Current CPR certificate	<input type="checkbox"/> Professional licensure or certification(s)
<input type="checkbox"/> Current First Aid certificate	<input type="checkbox"/> Psychological First Aid
<input type="checkbox"/> ICS-100	

Do you have any other areas of specialization or training that may benefit the Medical Reserve Corps (list)

Emergency Contact Information:

Contact: _____ Relationship: _____
Address: _____ Home phone: _____

All of the information that 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 my educational background, references, driving record, present and previous employment, licenses, certifications and police record. I further give permission to the holder of any such records to release the same to the MRC. I hold the MRC harmless of any liability, whether civil or criminal, that may arise as a result of the release of the information about me. I also hold harmless any individual, agency, business or corporation that provides information to the MRC. I recognize that I should investigate my personal and business liability coverage as pertains to my volunteer work for the MRC. I recognize that prior to being accepted as a MRC volunteer, I may be required to provide additional documentation as proof of certain certifications (CPR, First Responder, CDL, etc.)

I understand that I am a volunteer and will not be paid for any of my services.

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.

Signature

Date

Thank you for your interest in the Medical Reserve Corps. Please return this signed application, with attached copies of all licenses/certifications to:

Springfield, MA Medical Reserve Corps

Ann Kissel, Deputy Commissioner
Springfield Dept. of Health and Human Services
311 State Street
Springfield, MA 01105
(413) 787-6761
akissel@springfieldcityhall.com

For more information visit the National Web Site: aspr.hhs.gov/MRC or the Medical Reserve Corps of Massachusetts Website: mamedicalreservecorps.org

Please specify T-shirt size:

- | | |
|---------------------------------|-----------------------------------|
| <input type="checkbox"/> Small | <input type="checkbox"/> X-Large |
| <input type="checkbox"/> Medium | <input type="checkbox"/> XX-Large |
| <input type="checkbox"/> Large | |