CONFIDENTIAL

Eastern Highlands Health District

medical reserve corps

Medical Reserve Corps Registration Form

Date_____

Name_____

Mailing Address_____

Town _____ **State** _____ **Zip Code** _____

Home Phone _____**Work Phone** _____

Cell/Mobile Phone _____**cellular carrier (to receive texts)** _____

Fax _____

E-mail (Primary)_____

E-mail (Secondary)_____

Date of Birth _____ **Gender:** ☐ **Female** ☐ **Male**

Have you ever been convicted of a felony? ☐ **Yes** ☐ **No**

Are you willing to submit to a background check? ☐ **Yes** ☐ **No**

Do you have a current driver's license? ☐ **Yes** ☐ **No**

If yes, License #_____ **State** _____

Ethnicity:

☐ American Indian or Alaskan Native
☐ Asian
☐ Black
☐ Other _____
☐ White
☐ Hawaiian or Pacific Islander
☐ Hispanic or Latino

Which is the best way to contact you in an emergency? Please list in order of preference.

☐ Home phone ___ ☐ Cell phone ___ ☐ Work phone ___
☐ E-mail ___ ☐ Pager ___ ☐ Fax ___

Do you speak languages other than English?

☐ No
☐ Yes (specify) _____ ☐ Fluent ☐ Well ☐ Fair ☐ Slight
_____ ☐ Fluent ☐ Well ☐ Fair ☐ Slight

Do you know Sign language?

☐ Yes ☐ No

Would you be willing to work as an interpreter in an emergency? ☐ Yes ☐ No

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For Medical Professional Volunteers:

Please indicate your profession.

- ☐ M.D.
- ☐ P.A.
- ☐ A.P.R.N.
- ☐ R.N.
- ☐ L.P.N.
- ☐ Paramedic
- ☐ EMT
- ☐ Dentistry
- ☐ Pharmacist
- ☐ Veterinarian
- ☐ Other_____

Specialization _____

Are you currently CT licensed in your profession?

- ☐ Yes
- ☐ No
- ☐ Retired

If yes, license #_____

Are you currently CT certified in your profession?

- ☐ Yes
- ☐ No

If yes, certificate #_____

If a physician, are you board certified?

- ☐ Yes
- ☐ No

If yes, certification specialty _____

If a nurse, do you have prescriptive authority?

- ☐ Yes
- ☐ No

If yes, authorization #_____

For Non-Medical Volunteers:

Please indicate your occupation _____

Please list any special skills ***(computer skills, people skills, leadership experience, teaching experience, organizational skills, etc.)***

_____

_____

Are you CPR/AED certified?

- ☐ Yes
- ☐ No

If yes, expiration date: _____

Are you First Aid certified?

- ☐ Yes
- ☐ No

If yes, expiration date: _____

What is your current employment status?

- ☐ Full-time
- ☐ Student
- ☐ Part-time
- ☐ Retired

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Current Employer_____ Your Title _____

Work Address_____

Town_____ State_____ Zip _____

Do you hold any other positions, paid or volunteer, that might require your attendance during an emergency?

☐ Yes ☐ No

If yes, please explain:

_____

Do you have any physical or other limitations that may affect your ability to respond to an emergency?

☐ Yes ☐ No

If yes, you will be contacted for additional information.

Are you willing to participate in further training sessions to develop your specific role(s) in the EHHD MRC?

☐ Yes ☐ No

Would you be willing to volunteer during non-emergencies?

☐ Yes ☐ No

In what geographical areas are you willing to respond to an emergency? (check all that apply)

☐ Local ☐ Regional ☐ State-wide ☐ Federal

What shifts would you be willing to work in an emergency? (check all that apply)

☐ Day ☐ Evening ☐ Overnight

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In Case of Emergency Contact Information:

Contact's Name_____ Relationship to you _____

Telephone #_____

I attest that to the best of my knowledge, the information provided in this application is correct and accurate.

Signature_____ Date_____

Print Name _____

Thank you!

Please **RETURN** completed forms to:

Cecile Serazo

E-Mail: SerazoCC@EHHD.org

For Office Use:

Date:_____

Initial:_____