



Derry Municipal Center, 14 Manning Street, Derry, NH 03038  
 Telephone: (603) 845-5519 Facsimile: (603) 845-5129  
 Website: [http://derry-nh.org/Pages/DerryNH\\_publichealth/GDMRC](http://derry-nh.org/Pages/DerryNH_publichealth/GDMRC)  
 e-mail: [jenniferneary@ci.derry.nh.us](mailto:jenniferneary@ci.derry.nh.us) or [garrettsimonsen@ci.derry.nh.us](mailto:garrettsimonsen@ci.derry.nh.us)

**VOLUNTEER APPLICATION**      **Date:** \_\_\_\_\_

**Personal Information**

**Name:**

<i>Last</i>	<i>First</i>	<i>MI</i>
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**Address:**

<i>Street</i>	<i>Apt/Ste</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>
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Please identify the best sequence in which to contact you by circling the 1<sup>st</sup>, 2<sup>nd</sup> or 3<sup>rd</sup> under each number listed.

<b>Telephone:</b>	<i>Home</i> 1 <sup>st</sup> 2 <sup>nd</sup> 3 <sup>rd</sup>	<i>Work</i> 1 <sup>st</sup> 2 <sup>nd</sup> 3 <sup>rd</sup>	<i>Cell</i> 1 <sup>st</sup> 2 <sup>nd</sup> 3 <sup>rd</sup>	<i>Pager/Other</i>
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**E-mail (if available):**

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<b>Date of Birth:</b>  <i>mm/dd/yyyy</i>	<b>Social Security #:</b>
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<b>Emergency Contact:</b>			
<i>Name</i>	<i>Relationship</i>	<i>Phone</i>	<i>Alt. Phone</i>

Do you hold a current NH driver's license?     Y     N    NH DL#

**Professional Information**

***ALL INTERESTED VOLUNTEERS ARE WELCOME!***

<b>Employment:</b>  <i>Employer (if applicable)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<i>FT</i>	<i>PT</i>	<i>Retired</i>

**Check your profession/occupation (all that apply):**

<input type="checkbox"/> Physician: ___MD ___DO <input type="checkbox"/> Nurse: ___RN ___LPN ___LNA <input type="checkbox"/> EMT: ___Paramedic ___Intermediate ___Basic ___1 <sup>st</sup> Responder <input type="checkbox"/> Behavioral Health: ___ Psychologist ___ LSW ___LADAC <input type="checkbox"/> Pharmacy: ___ Pharmacist ___Pharmacy Tech <input type="checkbox"/> Dental: ___ Dentist ___Dental Assistant ___ Hygienist <input type="checkbox"/> Laboratory: ___ Medical Technologist ___Medical Technician <input type="checkbox"/> Veterinary: ___ Veterinarian ___ Vet. Tech.	<input type="checkbox"/> Physician Assistant <input type="checkbox"/> Nurse Practitioner <input type="checkbox"/> Educator (health/other) <input type="checkbox"/> Administrative Support <input type="checkbox"/> Therapist: _____ <input type="checkbox"/> Other:
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*Please complete both sides of application.*

<b>NH Professional License#:</b>		<b>Certification#:</b>	
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<b>Prescriptive Authority?</b> <input type="checkbox"/> Y <input type="checkbox"/> N	<b>Current</b> <input type="checkbox"/> CPR <input type="checkbox"/> First Aid <input type="checkbox"/> Disaster Preparedness
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<b>Specialty Area(s):</b>
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<b>Hospital/healthcare system affiliation?</b> <input type="checkbox"/> Y <input type="checkbox"/> N
<b>Name:</b>

**Helpful Information (optional)**

<b>Are you part of any other emergency/disaster response/alert system?</b> <input type="checkbox"/> Y <input type="checkbox"/> N
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<input type="checkbox"/> American Red Cross	<input type="checkbox"/> Salvation Army	<input type="checkbox"/> Citizen Corps CERT	<input type="checkbox"/> NSP
<input type="checkbox"/> Other:			

<b>Do you speak a foreign language?</b> <input type="checkbox"/> Y <input type="checkbox"/> N	<b>Sign language?</b> <input type="checkbox"/> Y <input type="checkbox"/> N
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Please list

Language	Fluent	Well	Fair	Slight
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>Teaching Experience?</b> <input type="checkbox"/> Y <input type="checkbox"/> N	<b>Leadership Experience?</b> <input type="checkbox"/> Y <input type="checkbox"/> N
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I prefer to: <i>(check all that apply)</i>	<input type="checkbox"/>
Prepare for service in a local emergency/disaster only	<input type="checkbox"/>
Prepare for service in local and/or distant emergency/disaster	<input type="checkbox"/>
Participate in community health initiatives	<input type="checkbox"/>
Participate in a leadership role	<input type="checkbox"/>
Participate in a teaching/training role	<input type="checkbox"/>

<b>Do you have family obligations to consider before responding to an emergency?</b> <input type="checkbox"/> Y <input type="checkbox"/> N
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**BACKGROUND CHECK:**

For the safety and security concerns of all citizens served by the MRC program, Criminal Record checks are performed as part of a general background check on volunteer applicants. Please complete the attached Criminal Record Release Authorization Form, including a Notary's signature and seal, and return it to us with this application.

**Thank You!**

**All information is held confidential and is for the strict use of the Greater Derry Medical Reserve Corps. It will not be shared with any other organization, for any reason, without the expressed written consent of the individual applicant. In compliance with the Privacy Act of 1974.**

*Please complete both sides of application.*