



# 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
<b>Type: Medical Professional:</b> <input type="checkbox"/> Doctor <input type="checkbox"/> Nurse <input type="checkbox"/> Behavioral Health <input type="checkbox"/> Pharmacist <input type="checkbox"/> Psychiatrist <input type="checkbox"/> Certified Medical Assistant	<input type="checkbox"/> Dentist <input type="checkbox"/> Veterinarian <input type="checkbox"/> EMT  <input type="checkbox"/> Non Medical Please list:	<b>Emergency contact information:</b>  Name: Address:  Home #:  Cell #:
Professional License or Certificate/Registration Number:		Drivers License #:
Expiration Date:		State License Held:      Expiration Date:
<b>Trainings/Certifications Held:</b> <input type="checkbox"/> First Aid <input type="checkbox"/> CPR <input type="checkbox"/> ICS _____ <input type="checkbox"/> NIMS _____ <input type="checkbox"/> Other _____		
<b>Volunteer Interests: Check all that apply:</b> Administration ___ Public Safety ___ Phone Bank ___ Steering Committee ___ Clinical ___ Fundraising ___ Database ___ Newsletter Production ___ Volunteer Coordination ___ Behavioral Health ___ Deliveries ___ Clerical Help ___ Computer ___		
Languages Spoken:		
<b>NOTE: All Volunteers are required to have a CORI check which will be done by the MRC.</b>		
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