

Burlington County Medical Reserve Corps Community Volunteer Application

Date of Application (mm/dd/yyyy)

Personal Information

Last Name* First Name* Nickname Date of Birth (mm/dd/yyyy)

Street Address* City* County* State* Zip Code*

Mailing Address (if different) City State Zip Code

***Note:** Please Enter at least one Phone Number

Home Phone Number:

Cell Phone Number:

Please provide the e-mail address where you would like to receive messages*:

Check if you currently serve in the National Disaster Medical System:

Do You possess a valid driver's license? * Yes No
Driver's License Number Expiration Date Class State

Employment Information

Place of Employment

Work Address City State Zip Code

Work Phone Number
Ext.

Emergency Contact- Will be notified in case of an emergency

Last Name* First Name* Relationship*

Street Address* City* State* Zip Code*

***Note:** Please Enter at least one Phone Number

Home Phone Number:

Cell Phone Number:

Additional Information

Language: **Fluent?** **Speak?** **Read?** **Write?**

Question

Yes No Comment

- Are you willing to travel and volunteer outside of your county?
- Are you willing to participate in a Federally coordinated emergency response?
- Willing to provide translation service?
- Do you have ability to communicate using sign language?
- Have you immunized against Smallpox?
- Year of most recent smallpox vaccination:
- Do you have any special needs or restrictions? If so please explain:
- Are you committed to any other organization or institution, by virtue of employment of volunteerism, in the event of a public health emergency?
If yes, explain:
- Do you have a particular expertise and agree to be available for consultation or response throughout the state?

Experience: Do you have any of the following skills?

CPR	Language Interpretation
Clerical Work	Loading/Shipping
Computer Networking	Lodging Services
Computer Skills	Managerial Services
Counseling Skills	Office Management
Crowd Management	Phone Receptionist
Data Entry	Retired Nurse
Desk Top Support	Retired Other Health Care Professional
Elderly/Disabled Assistance	Retired Physician
Facility Management	Search/Rescue
First Aid	Social Work
Food Services	Specialty
Interviewing	Transportation
Inventory Supplies/Equipment	Volunteer Services

Training/Continuing Education

Have you completed any training or continuing education programs in the following areas? If so, please check.

Advanced Cardiac Life Support (ACLS)	Pediatric Advanced Life Support (PALS)
Hazardous Materials Training (HAZMAT) Biological	Citizen Emergency Response Team (CERT) Training
Advanced Trauma Life Support (ATLS)	Triage
Hospital Preparedness	CPR/AED
Basic Cardiac Life Support (BLS)	Vaccination administration smallpox
Incident Command Training (ICS)	Exercise design and evaluation
Basic Disaster Life Support (BDLS)	Vaccination administration
Isolation and Quarantine	First Aid
Bloodborne Pathogens	Venipuncture
Mental Health Training for Disasters	Fit Testing for Particulate Respirators
CBRNE Training	Weapons of Mass Destruction (WMD) Training

Expectations of NJ Medical Reserve Corps Professional Health Volunteers

As a volunteer with the New Jersey Medical Reserve Corps, I will be called upon to assist in the event of a public health emergency. I agree to attend an educational program to explain my role in disaster preparedness; I will be assigned duties based on my level of training and experience. I understand that submitting this application does not guarantee acceptance into the NJ Medical Reserve Corps. The information contained in this application is, to the best of my knowledge, truthful. I agree to serve my fellow citizens to the best of my professional ability.

I Agree to the above statement.

Failure to agree to the above statement invalidates application

*Required Field