



Hampshire Regional Emergency Response Team
South Hadley/Granby/Northampton
Volunteer Application

Last Name _____ First Name _____ MI _____

Home Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Cell Phone _____ Text? Yes No

Date of Birth _____ Email _____

Emergency Contact:

Name _____ Relationship _____

Work # _____ Home # _____ Cell # _____

Employment:

(circle) Full time Part time Retired

Profession _____ Current Employer _____

Students:

(circle) Full time Part time Anticipated graduation _____

School _____ Major(s) _____

Education:

Type of Degree _____ Major/Specialization _____

Professional License # _____ Type _____

Has your professional license ever been suspended or revoked? **Yes** **No**

Certifications and Training: (please provide a copy of your most recent certificates)

_____ RN/LPN	_____ Emergency Response	_____ Standard Precautions
_____ Physician	_____ Disaster Training	_____ Incident Command - 100
_____ CPR	_____ MA Driver's license	_____ Incident Command - 200
_____ First Aid	_____ Teaching experience	_____ NIMS-700 Training
_____ CERT	_____ Veterinarian	_____ Technology
_____ EMT	_____ Paramedic	_____ Social Services
_____ Red Cross	_____ MRC 101	Other _____

Are you a member of another emergency/disaster response organization? **Yes** **No**

Please specify: _____

Please list any languages you speak or understand (other than English) and level of fluency

_____ Excellent Fair Poor _____ Excellent Fair Poor

Volunteer Interests: (check all that apply)

- | | | |
|---|--|---|
| <input type="checkbox"/> Clinical Work | <input type="checkbox"/> Food/Water Coordination | <input type="checkbox"/> Photography |
| <input type="checkbox"/> Volunteer Coordination | <input type="checkbox"/> Deliveries | <input type="checkbox"/> Web Design |
| <input type="checkbox"/> Community Outreach | <input type="checkbox"/> Fundraising | <input type="checkbox"/> Childcare |
| <input type="checkbox"/> Recruiting | <input type="checkbox"/> Administration | <input type="checkbox"/> Data Entry |
| <input type="checkbox"/> Vaccination Clinics | <input type="checkbox"/> Health Education | <input type="checkbox"/> Event Planning |
| <input type="checkbox"/> Emergency Shelters | <input type="checkbox"/> Newsletter Production | <input type="checkbox"/> Phone Bank |

During an emergency, where would you be willing to volunteer?

- Northampton South Hadley Granby
- Regionally Statewide Nationally

Specific area(s) of interest

Additional Skills

Anticipated MRC Involvement:

- Tier 3 Attend most activities and trainings
- Tier 2 Attend some activities and trainings
- Tier 1 Volunteer only in an emergency

Are you interested in a leadership position in your MRC unit? Yes No Maybe

- I agree to participate in activities and trainings based on selected tier level
- I agree to a Criminal Offender Record Information (CORI) & Sex Offender Registry Information (SORI) checks
- I agree to read and abide by guidelines set in the MRC Policy and Procedures Manual
- I agree to sign the MRC Code of Conduct
- I agree to sign the MRC Confidentiality Agreement
- I authorize the verification of the information provided on this form

Signature _____ Date _____

Please return application to:

South Hadley Health Department, 116 Main Street, South Hadley, MA 01075 shart@southhadleyma.gov (413) 538-5017 x204