

EMAIL THIS FORM TO COVID19@NCHCNH.org



**New Hampshire Medical Reserve Corps**

*Volunteer Application*

*Northern NH Unit MRC*

*North Country Health Consortium*

*262 Cottage St, Suite 230, Littleton, NH 03561*

*603 259 3700*

Date: \_\_\_\_\_

**A. Personal Information:**

Last name:		First name:		Middle initial:
Street Address:				
City:		State:	Zip Code:	
E-mail Address:			Date of Birth:	
Home phone:		Work phone:		
Cell phone:		Other number:		
Please rank the order of the best way to contact you:		Home phone _____	Work phone _____	
		Cell phone _____	Other number _____	
Do you hold a current driver's license: Yes _____ No _____		State:	License Number:	

**B. Emergency Contact**

Name:	Relationship:
Phone number:	Alt. phone number:

**C. Employment Information**

Employer:	F/T:	P/T:	Retired:	Student:
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Check your profession/occupation/certifications: (You do not need to have medical training to join)				
Physician: MD	EMT: Intermediate	Dental Assistant/Hygienist		
Physician: DO	EMT: Basic	Veterinarian		
Physician Assistant	EMT: 1 <sup>st</sup> Responder	Veterinary Technician		
Nurse: RN	Mental Health Practitioner	Lab Technologist/Technician		
Nurse: LPN	Social Worker	Educator (Health/Other)		
Nurse: LNA	Pharmacist	Administrative Support		
Nurse Practitioner	Pharmacy Technician	Other Occupation: _____		
EMT: Paramedic	Dentist			
CPR	First Aid	Disaster Preparedness		
NH Professional License:		License #		

*Please complete both sides of application. Revised 3/26/20*

Prescriptive Authority: Yes ____ No ____	Hospital/healthcare system affiliation (if any):
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**D. Other Information**

Are you part of any other emergency/disaster response organization? Yes ____ No ____			
<input type="checkbox"/>	American Red Cross	<input type="checkbox"/>	Salvation Army
<input type="checkbox"/>	CitizensCorps CERT	<input type="checkbox"/>	Other _____

Do you speak any languages other than English? Yes ____ No ____
Please indicate language and level of fluency:

I prefer to: (check all that apply)	
<input type="checkbox"/>	Prepare for service in a local emergency/disaster
<input type="checkbox"/>	Prepare for service in distant emergency/disaster
<input type="checkbox"/>	Participate in community health initiative
<input type="checkbox"/>	Participate in a leadership role
<input type="checkbox"/>	Participate in a teaching/training role

Do you have family obligations to consider before responding to an emergency? Yes ____ No ____
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**E. Medical Professionals Only**

Please go to <https://www.nhresponds.org/> and register for Northern NH Unit MRC. If you are also a health professional please register for the Emergency System for Advance Registration of Volunteer Healthcare Professionals (ESAR-VHP), also in NHresponds.org so that your credentials can be verified.

**All information is confidential and is for the use of the Medical Reserve Corps in your region. However, in certain circumstances it may be necessary to share this information with emergency management and Health and Human Service agencies.**

I give my permission for the MRC to release personal information to local, state and federal emergency management agencies and other Health and Human Service agencies as needed.

**All of the information I have supplied is correct to the best of my knowledge. I do hereby give my local Medical Reserve Corps (MRC) permission to make inquiries concerning licensure and certification. I understand that I am a volunteer and will not be paid for any of my services.**

**Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

MRC Unit: \_\_\_\_\_ 138 \_\_\_\_\_