



# Holliston Emergency Response Corps VOLUNTEER APPLICATION

Please print or type

<b>Name</b>			
<b>Street Address (Mailing)</b>			
<b>City</b>		<b>State</b>	<b>Zip</b>
<b>Home Phone</b>	<b>Work Phone</b>		<b>Cell Phone</b>
<b>Email</b>		<b>Employer</b>	
<b>Type: Medical Professional:</b>	<input type="checkbox"/> <b>Doctor</b> <input type="checkbox"/> <b>Nurse</b> <input type="checkbox"/> <b>Dentist</b> <input type="checkbox"/> <b>Pharmacist</b> <input type="checkbox"/> <b>Psychiatrist</b> <input type="checkbox"/> <b>Veterinarian</b>	<input type="checkbox"/> <b>Mental Health</b> <input type="checkbox"/> <b>Social Worker</b> <input type="checkbox"/> <b>EMT</b> <input type="checkbox"/> <b>Non Medical</b> <input type="checkbox"/> <b>Other</b> _____ _____	<b>Emergency contact information:</b>
			<b>Name:</b> <b>Address:</b>  <b>Home #:</b> <b>Cell #:</b>
<b>License or Certificate/Registration Number:</b>		<b>Languages:</b>	<b>Drivers License #:</b>
		<b>State License Held:</b>	<b>Expiration Date:</b>
<b>Level of Participation Desired: I prefer to be:</b>			
<input type="checkbox"/> <b>ACTIVE</b>	Receive notifications of ALL training opportunities, training drills & exercises, Emergency events, as well as non-emergency volunteer opportunities		
<input type="checkbox"/> <b>LIMITED</b>	Receive only notification of training drills & exercises and all emergency events		
<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___			
<b>A Criminal and Sexual Background Check is required of all volunteers:</b>			
I do hereby give Region 4a Medical Reserve Corps permission to release personal information with local, state and federal emergency management agencies and other Health and Human Service agencies as needed.			
Date of Birth ____/____/____ Social Security # _____ (requested but not required)			
Signature _____ Date ____/____/____			
The above information was verified by viewing a US government issued identification.			
<b>Location Preference for Responding: Check all that apply</b>			
Your town only <input type="checkbox"/>	Region 4a <input type="checkbox"/>	New England <input type="checkbox"/>	Any where in the US <input type="checkbox"/>
Surrounding Towns <input type="checkbox"/>	State <input type="checkbox"/>	East Coast <input type="checkbox"/>	Any where in the world <input type="checkbox"/>
<b>Signature</b>			<b>Date</b>

**Privacy Act Statement**

This information is requested by Region 4a 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.

**Holliston Board of Health Office**  
**703 Washington Street Holliston, MA 01746**  
**Telephone: 508-429-0605 or email [mccobba@holliston.k12.ma.us](mailto:mccobba@holliston.k12.ma.us)**