



CENTRAL NH CERT & MRC



Telephone: (603) 238-3602

E-mail: ækstrom@midstatehealth.org

VOLUNTEER APPLICATION

Date: _____

Personal Information

Name:	<i>Last</i>	<i>First</i>	<i>MI</i>
--------------	-------------	--------------	-----------

Address:	<i>Street</i>	<i>Apt/Suite</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>
-----------------	---------------	------------------	-------------	--------------	-----------------

Telephone:	<i>Cell</i>	<i>Cell Carrier</i>	<i>Home</i>	<i>Work</i>	<i>Pager/Other</i>
-------------------	-------------	---------------------	-------------	-------------	--------------------

E-mail:

Date of Birth: <i>mm/dd/yyyy</i>	Social Security #:
--	---------------------------

Emergency Contact:	<i>Name</i>	<i>Relationship</i>	<i>Phone</i>	<i>Alt. Phone</i>
---------------------------	-------------	---------------------	--------------	-------------------

Do you hold a current NH driver's license?	<input type="checkbox"/>	Y	<input type="checkbox"/>	N	NH DL#
--	--------------------------	---	--------------------------	---	--------

Have you ever been convicted of a criminal offense?	<input type="checkbox"/>	Y	<input type="checkbox"/>	N
---	--------------------------	---	--------------------------	---

Professional Information

ALL INTERESTED VOLUNTEERS ARE WELCOME!

Employment:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Employer (if applicable)</i>	<i>FT</i>	<i>PT</i>	<i>Retired</i>

Check your skills (all that apply):

<input type="checkbox"/> First Responder Experience <input type="checkbox"/> Incident Command System / NIMS <input type="checkbox"/> Disaster Preparedness <input type="checkbox"/> CPR / First Aid <input type="checkbox"/> EMT <input type="checkbox"/> RN <input type="checkbox"/> Educator (health/other)	<input type="checkbox"/> HAM Radio experience <input type="checkbox"/> Equipment Inventory system experience <input type="checkbox"/> Administrative Support <input type="checkbox"/> Newsletter Writing experience <input type="checkbox"/> Public Relations <input type="checkbox"/> Video/Photography experience <input type="checkbox"/> Other (write in): _____
---	--

List current certifications (CPR, First Aid, etc...):	Certification #:	Expiration Date:

Specialty Area(s):

Are you currently affiliated with a Hospital / healthcare system? Y N

Name (Hospital / Healthcare system):

Additional Information (optional)

Are you part of other emergency/disaster response/alert system(s)? Y N

American Red Cross Salvation Army
 NSP Citizen Corps CERT Other: _____

Do you speak a foreign language? Y N

Sign language? Y N

Language	Fluent	Well	Fair	Slight
French	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spanish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please list):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Teaching Experience? Y N

Leadership Experience? Y N

I prefer to (check all that apply):

- Prepare for service in a local emergency/disaster only.
- Prepare for service in local &/or distant emergency/disaster.
- Participate in community health initiatives.
- Participate in a leadership role.
- Participate in a teaching/training role.

Do you have family obligations to consider before responding to an emergency? Y N

Thank You!

All information is held confidential and is for the strict use of the Central NH CERT and MRC. It will not be shared with any other organization, for any reason, without the expressed written consent of the individual applicant. In compliance with the Privacy Act of 1974.