



BROOKLINE MEDICAL RESERVE CORPS
DEPARTMENT OF PUBLIC HEALTH
11 Pierce Street, Brookline, Massachusetts, 02445
Telephone: (617) 730-2656 Facsimile: (617) 730-2296



VOLUNTEER APPLICATION

The Brookline Medical Reserve Corps is recruiting a community-based group of volunteers who can serve during a local health emergency and/or assist with local public health needs throughout the year. Volunteers can choose to serve solely during emergencies, or they may offer their time for both emergencies and non-emergencies, i.e. Flu clinics and health fairs.

Date in area until: _____

Name:		
Last	First	MI

Address:			
Street	City	State	Zip

Phone:		
Home _____	Work _____	Cell _____
E-mail _____	Pager _____	

Emergency Contact Information:		
Name _____	Relationship _____	
Address _____	Phone _____	

What are you volunteering for?	
Emergencies ONLY: _____	Emergencies AND Non-emergencies (i.e. Flu clinics, health education): _____
Brookline ONLY opportunities: _____	Brookline and Regional ONLY opportunities: _____ OR
Brookline, Regional, and Statewide opportunities: _____	

For applicants interested in volunteering for non-emergency assignments, what hours do you prefer?		
____ Weekday mornings	____ Weekday afternoons	____ Weekday evenings
____ Weekend mornings	____ Weekend afternoons	____ Weekend evenings

Are you currently employed or do you volunteer at a hospital or other organization that may need your assistance in an emergency?

No _____ Yes _____ If yes, please list agency _____

Volunteer Interests		
____ Clinical Work	____ Deliveries	____ Fundraising
____ Administration	____ Health Education	____ Newsletter Production
____ Phone Bank	____ Volunteer Coordination	

Professional / Volunteer Experience:			
Organization	Dates	Position	Supervisor
Address			Telephone
Description of Responsibilities			

Professional / Volunteer Experience (cont.):			
Organization	Date	Position	Supervisor
Address			Telephone
Description of Responsibilities			

Licenses & Certifications (Or year of study and expected graduation date)			
Medical License (specify type)	State	Number	Expiration
Nursing License (specify type)	State	Number	Expiration
EMT/Paramedic License (specify type)	State	Number	Expiration
Other License (specify type)	State	Number	Expiration
Certification (list/describe)			Expiration
Certification (list/describe)			Expiration

Have you ever had your professional license suspended or revoked? _____ No _____ Yes (Please attach letter of explanation)

Have you ever been convicted of a felony, or of a misdemeanor that resulted in imprisonment, which was not a first offense?
 _____ No _____ Yes

Language Fluency in addition to English, including sign language. Please circle your capabilities for each.			
Language	Speak & Understand	Read & Translate	Write
Language	Speak & Understand	Read & Translate	Write

Please list any disaster services training that you have received and/or your prior experience with disaster/crisis response.	
CPR Certification	Expiration Date
Additional Trainings (please describe)	

References: Please list three references who are familiar with your qualifications/experience. Do not list relatives.	
Name _____	Phone Number _____
Address _____	
Name _____	Phone Number _____
Address _____	
Name _____	Phone Number _____
Address _____	

PLEASE SEND YOUR COMPLETED APPLICATION (AND/OR ANY QUESTIONS) TO:
 Dawn Sibor
 Emergency Preparedness Coordinator
 Town of Brookline
 Department of Public Health
 11 Pierce Street
 Brookline, MA 02445
 Phone: (617) 730-2656
 Fax: (617) 730-2296