



Greater Monadnock Medical Reserve Corps

Mailing Address: Kingsbury House c/o Olivia Watson

580 Court Street Keene, NH 03431

Telephone: (603) 354-5454 x3034 Facsimile: (603) 354-6674

Website: <http://gmmrc.org>

E-mail: gmmrc1@gmail.com

VOLUNTEER APPLICATION Date: _____

Personal Information

Name:	<i>Last</i>	<i>First</i>	<i>MI</i>
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Mailing Address:					
<i>Street</i>	<i>Apt/Ste</i>	<i>PO Box</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>

Telephone:	<i>Home:</i>	<i>Work:</i>	<i>Cell:</i>	<i>Pager/Other</i>
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E-mail (if available):	<i>Primary:</i>
	<i>Secondary:</i>

Date of Birth:	<i>mm/dd/yyyy</i>
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Emergency Contact:	<i>Phone</i>	<i>Alt. Phone</i>
<i>Name</i>	<i>Relationship</i>	

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

Professional Information

ALL INTERESTED VOLUNTEERS ARE WELCOME!

Subject to background check

Check your profession/occupation (check only one):

***If retired, check profession prior to retiring**

- | | |
|--|---|
| <input type="checkbox"/> Physician <u> </u> MD <u> </u> DO
<input type="checkbox"/> Nurse Practitioner
<input type="checkbox"/> Pharmacist
<input type="checkbox"/> Veterinarian
<input type="checkbox"/> EMS Professional
<input type="checkbox"/> Other Public Health/Medical | <input type="checkbox"/> Physician's Assistant
<input type="checkbox"/> Nurse
<input type="checkbox"/> Dentist
<input type="checkbox"/> Mental Health Professional
<input type="checkbox"/> Respiratory Therapist
<input type="checkbox"/> Non-Public Health/Non-Medical |
|--|---|

Please complete both sides of application

Helpful Information (optional)

Are you part of any other emergency/disaster response/alert system? Y N

American Red Cross Salvation Army Citizen Corps CERT NSP

Do you speak a foreign language? Y N Sign Language? Y N

Please list:

Language	Fluent	Well	Fair	Slight
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Teaching Experience? Y N

Leadership Experience? Y N

I prefer to:

Prepare for service in a Greater Monadnock Region emergency/disaster only

Prepare for service in a State of NH emergency/disaster

Prepare for service in a New England and beyond 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

Do you have any special skills or knowledge that would help our unit?

Thank You!

All information is held confidential and is for the strict use of the Greater Monadnock Reserve Corps. 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.

Please complete both sides of application.