



# Greater Monadnock Medical Reserve Corps

Fiscal Agent: County of Cheshire 33 West Street Keene, NH 03431

Housing Unit: 580 Court Street Keene, NH 034341

Telephone: (603) 354-5454 x2130      Facsimile: (603) 354-6674

Website: <http://gmmrc.org>

E-mail: [efernandes@cheshire-med.com](mailto:efernandes@cheshire-med.com)

## VOLUNTEER APPLICATION      Date: \_\_\_\_\_

### Personal Information

**Name:**

*Last*

*First*

*MI*

**Mailing Address:**

*Street*

*Apt/Ste*

*PO Box*

*City*

*State*

*Zip Code*

**Telephone:**

*Home:*

*Work:*

*Cell:*

*Pager/Other*

**E-mail (if available):** *Primary:*  
*Secondary:*

**Date of Birth:**

*mm/dd/yyyy*

**Emergency**

**Contact:**

*Name*

*Relationship*

*Phone*

*Alt. Phone*

**Do you hold a current NH driver's license?**     Y     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**

Physician       MD       DO

Nurse Practitioner

Pharmacist

Veterinarian

EMS Professional

Other Public Health/Medical

Physician's Assistant

Nurse

Dentist

Mental Health Professional

Respiratory Therapist

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	<input type="checkbox"/>
Prepare for service in a State of NH emergency/disaster	<input type="checkbox"/>
Prepare for service in a New England and beyond emergency/disaster	<input type="checkbox"/>
Participate in community health initiatives	<input type="checkbox"/>
Participate in a leadership role	<input type="checkbox"/>
Participate in a teaching/training role	<input type="checkbox"/>

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.*