



**CANTON: 4B Subregion 3 MEDICAL RESERVE CORPS**  
 CANTON PUBLIC HEALTH DEPARTMENT  
 79 Pleasant Street, Canton, Massachusetts, 02021  
 Telephone: (781) 821-5021 Facsimile: (781) 821-0337



**VOLUNTEER APPLICATION**

The Town of Canton in cooperation with the Region 4B Subregion3 Medical Reserve Corps is recruiting a community-based group of volunteers who can serve during a local or regional 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 emergency and non-emergency public health events.

**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): \_\_\_\_\_

Local Volunteer ONLY: \_\_\_\_\_ Regional Volunteer ONLY: \_\_\_\_\_ BOTH local and Regional Volunteer: \_\_\_\_\_

**Availability?**

\_\_\_\_\_ Weekday mornings                      \_\_\_\_\_ Weekday afternoons                      \_\_\_\_\_ Weekday evenings

\_\_\_\_\_ Weekend mornings                      \_\_\_\_\_ Weekend afternoons                      \_\_\_\_\_ Weekend evenings

Are you currently employed 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	_____ Non-Medical	_____ Fundraising
_____ Public Health	_____ Administration	_____ Newsletter Production
_____ Mental Health/Substance Abuse	_____ Organizing/Volunteer Coordination	_____ Other: _____

**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**

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:

Diane White, Administrative Assistant  
Canton Public Health Department  
79 Pleasant Street  
Canton, MA 02021  
Phone: (781) 821-5021  
Fax: (781) 821-0337