



**Town of Westwood
Non-Medical Application for
Volunteer Medical Corps.**

Name:		
Last:	First:	MI:

Address:	
Street:	Town & Zip:

Phone:		
Home:	Work:	Cell:
Fax:	Pager:	

Email:	Occupation:
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Professional Area of Specialty or Skill set:
Area of Interest in Volunteering:
<input type="checkbox"/> Clinical Work <input type="checkbox"/> Clergy <input type="checkbox"/> Fundraising <input type="checkbox"/> Public Health <input type="checkbox"/> Administrative
<input type="checkbox"/> Mental Health/Substance Abuse <input type="checkbox"/> Organizing/Volunteer Coordination <input type="checkbox"/> Other

Are you fluent in language other than English? <input type="checkbox"/> Yes <input type="checkbox"/> No
<i>Please list language(s)</i>

During which hours are you available for volunteer assignments?		
<input type="checkbox"/> Weekday Mornings	<input type="checkbox"/> Weekday Afternoons	<input type="checkbox"/> Weekday Evenings
<input type="checkbox"/> Weekend Mornings	<input type="checkbox"/> Weekend Afternoons	<input type="checkbox"/> Weekend Evenings

Do you have a current Massachusetts Driver's License? <input type="checkbox"/> Yes <input type="checkbox"/> No
MA Driver's License #

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:*

Please list any disaster services training that you have received and/or your experience with disaster/crisis response.

CPR Certification Expiration Date

Additional Training (please describe):

Do you have teaching experience? YES NO

Are you part of any other emergency/disaster response team or alert system? YES NO

Would you be interested in a leadership position within the VMC? YES NO

In some situations responders' families may be eligible to receive medication or treatment. In your case, how many people would this apply to?

All of the information that I have supplied is correct to the best of my knowledge. I do hereby give the Westwood Volunteer Medical Corps (VMC) permission to inquire into my educational background, references, driving record, present and previous employment, licenses, certifications, and police record. I further give permission to the holder of any such records to release the same to the VMC. I hold the VMC harmless of any liability, whether civil or criminal that may arise as a result of the release of the information about me. I also hold harmless any individual, agency, business or corporation that provides information to the VMC.

I understand that I am a volunteer and will not be paid for any of my services.

I give my permission for the VMC to release personal information to local, state, and federal emergency management agencies and other Health and Human Services agencies as needed.

Volunteer Signature

Date

Print Name

Date