



**WINTHROP/Region 4b MEDICAL/CITIZEN
RESERVE CORPS**
 WINTHROP BOARD OF HEALTH
 1 Metcalf Square, Room 5, Winthrop, MA 02152
 Telephone: (617) 846-1740 Facsimile: (617) 539-0812
 Email: boardofhealth@town.winthrop.ma.us



VOLUNTEER APPLICATION

The Town of Winthrop, in cooperation with Massachusetts Public Health Region 4b, 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 emergencies and non-emergencies, i.e. Flu clinics and health fairs.**

Name:		
Last	First	MI

Address:			
Street	City	State	Zip

Phone:		
Home	Work	Cell

E-mail	Pager
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Emergency Contact Information:	
Name	Relationship
Address	Phone

What are you volunteering for?	
Emergencies ONLY: _____	Emergencies AND Non-emergencies (i.e. Flu clinics, health education): _____
Winthrop Volunteer ONLY: _____	BOTH Winthrop and Region 4b* Volunteer: _____

Availability?		
_____ 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	_____ Clergy	_____ Fundraising or grant writing
_____ 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, that was not a first offense?
____ No ____ Yes

Language Skills

What is your first language?

Do you have additional language skills? (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
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Additional Trainings (please describe)

References: Please list three references who are familiar with your qualifications/experience. Do not list relatives.

Name	Phone Number
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Address _____

Name	Phone Number
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Address _____

PLEASE SEND YOUR COMPLETED APPLICATION (AND/OR ANY QUESTIONS) TO:

Winthrop Board of Health, Town Hall, Room 5
Phone (617) 846-1740

OR

Alison Minkoff
Assistant Emergency Preparedness Coordinator, Region 4b
Cambridge Public Health Department, 119 Windsor Street, Cambridge, MA 02139
Phone: (617) 665-3871, Fax: (617) 665-3888

CORI REQUEST FORM

The Winthrop Medical & Citizen Reserve Corps, in conjunction with the Winthrop Board of Health and the Cambridge Health Alliance ("CHA"), requires qualified applicants to the MRC/CRC to provide signed authorization for a Criminal Offender Record Information ("CORI") check. This requirement is in compliance with Massachusetts Department of Public Health regulations. In accordance with CHA Corporate Compliance regulations, a search of the Office of Inspector General ("OIG") exclusions database is also required. CHA has been certified by the Criminal History Systems Board for access to conviction and pending criminal case data and the OIG database for disqualifying events.

As an applicant for Region 4b MRC volunteer, I understand that a Criminal Record and OIG check will be conducted for exclusionary events, conviction, and pending criminal case information and that data will not necessarily disqualify me from volunteering. I certify that this information is correct and accurate to the best of my knowledge. I further understand that CHA and the Winthrop Board of Health reserve the right to access my suitability to volunteer.

(Applicant signature)

date

Last name

first name

middle name

Maiden name or alias (if applicable)

mother's maiden name

Place of birth: _____ gender: _____

Date of birth: _____ social security number: _____

height: ____ ft ____ in weight: _____ eye color: _____

Driver's license number: _____

Please list all addresses and dates of residency within the past ten (10) years

Current address: _____

Dates from: _____ to: _____

Previous address 1: _____

Dates from: _____ to: _____

Previous address 2: _____

Dates from: _____ to: _____

***please attach a copy of a photo ID or driver's license

The above information was verified by reviewing the following form of government-issued photograph:

ID: _____

Requested by: _____

Signature of CORI authorized employee