



**Milford Coalition for Community Preparedness:
Milford Medical Reserve Corps
Health Care Professional Volunteer Data Form**



Emergency Sites: There are three sites that have been designated as emergency sites, they are:

Foran High School, 80 Foran Road

Jonathan Law High School, 20 Lansdale Avenue

Platt Regional Vocational Technical School, 800 Orange Avenue

Volunteer meetings will rotate to each site and the clinic flow for that site will be reviewed. All emergency sites will utilize the ICS or Incident Command System.

Name: _____

Address: _____

Phone: (day) _____ (evening) _____

Cell: _____

Email: _____

Do you have a valid driver's license? _____ If yes: Driver's license number: _____

Class: _____ State: _____ Expiration Date: _____

EMPLOYMENT INFORMATION:

Place of Employment: _____

Work Address: _____

City: _____ State: _____ Zip: _____

Work Phone Number: _____

EMERGENCY CONTACT - WILL BE NOTIFIED IN CASE OF AN EMERGENCY.

* Last Name: _____ * First Name: _____

* Relationship: _____

* Street Address: _____

* City: _____ * State: _____ * Zip: _____

* **Note:** Please enter at least one Phone No.

Home Phone Number: _____ Work Phone Number: _____

Cell Phone Number: _____ Pager Number: _____



ADDITIONAL INFORMATION:

Language	Fluent?	Speak?	Read?	Write?

Question	Yes	No	Comments
Are you willing to travel and volunteer outside of Milford?			
Willing to provide translation service?			
Do you have ability to communicate using sign language?			
Have you been immunized against Smallpox?			
Year of most recent smallpox vaccination			
Do you have any special needs or restrictions? If so, please explain.			
Are you committed to any other organization or institution, by virtue of employment or volunteerism, in the event of a public health emergency? If yes, explain.			
Do you have particular expertise and agree to be available for consultation or response throughout the state?			

PROFESSIONAL LICENSURE, CERTIFICATION, SPECIALTIES, EXPERIENCE:

* Name on License/ Certification _____

* Status (Circle One): ACTIVE INACTIVE SUSPENDED
 REVOKED RETIRED EXPIRED

State on License/Certification: _____ * License/Certification Number: _____

Speciality within the above professional licensure/certification that you possess:

Sub speciality within the above professional licensure/certification that you possess:

EXPERIENCE: DO YOU HAVE ANY OF THE FOLLOWING SKILLS?

(Check all that apply)

DC (Doctor of Chiropractic)	Pharmacy Technician	Respiratory Therapist
DCM (Doctor of Chiropractic Medicine)	Registered/Licensed Pharmacist	Surgical Technician
DDS, DMD (Dentists)	Certified/Licensed Social Worker (CSW, LCSW, other)	Environmental Health Specialist
DO (Doctor of Osteopathy)		
DPM (Podiatrist)	Marriage and Family Therapist	Epidemiologist
DVM (Veterinarian)	Mental Health Counselor	Health Educator
MD (Medical Doctor)	Mental Health Social Worker	Health Officer
MD (Psychiatry)	Mental Health Therapist	Health Planner
OD (Optometrist)	Social Worker (BSW, MSW)	Industrial Hygienist
PA (Physicians Assistant)	Substance Abuse Social Worker	Microbiologist
CRNA (Nurse Anesthetist)	Dental Technician	Pastoral Care Professional
LPN (Licensed Practical Nurse)	EMT (Emergency Medical Technician)	Psychologist
NP (Nurse Practitioner)	Laboratory Technician	Public Information Officer
Nurse Midwife	Funeral Director/Mortician	Student of the Health Professions, please specify
Nursing Assistant/Patient Care Associate	Informational Technologist (IT)	Translator/Linguist
RN (Registered Nurse)	PT/OT (Physical or Occupational Therapist)	Other:
PharmD (Doctor of Pharmacy)	Paramedic	
Pharmacy Assistant	Radiology Technician	

TRAINING/CONTINUING EDUCATION:

Have you completed any training or continuing education programs in the following areas? If so, please check.

Advanced Cardiac Life Support (ACLS)	Pediatric Advanced Life Support (PALS)
Hazardous Materials Training (HAZMAT) Biological	Citizen Emergency Response Team (CERT) Training
Advanced Trauma Life Support (ATLS)	Triage
Hospital Preparedness	CPR/AED
Basic Cardiac Life Support (BLS)	Vaccination administration smallpox
Incident Command Training (ICS)	Exercise design and evaluation
Basic Disaster Life Support (BDLS)	Vaccination administration
Isolation and Quarantine	First Aid
Bloodborne Pathogens	Venipuncture
Mental Health Training for Disasters	Fit Testing for Particulate Respirators
CBRNE Training	Weapons of Mass Destruction (WMD) Training

As a volunteer with the Milford Coalition for Community Preparedness: Milford Medical Reserve Corps, I will be called upon to assist in the event of a public health emergency. I agree to attend an educational program to explain my role in disaster preparedness; I will be assigned duties based on my level of training and experience. I understand that submitting this application does not guarantee acceptance into the Milford Medical Reserve Corps. The information contained in this application is, to the best of my knowledge, truthful. I agree to serve my fellow citizens to the best of my professional ability.

I agree to the above statement. Signature: _____ Date: _____