



**Milford Coalition for Community Preparedness:
Milford Medical Reserve Corps
Community Health 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?			

EXPERIENCE: DO YOU HAVE ANY OF THE FOLLOWING SKILLS?

(Check all that apply)

<input type="checkbox"/>	CPR	<input type="checkbox"/>	First Aid	<input type="checkbox"/>	Phone Receptionist
<input type="checkbox"/>	Clerical Work	<input type="checkbox"/>	Food Services	<input type="checkbox"/>	Retired Nurse
<input type="checkbox"/>	Computer Networking	<input type="checkbox"/>	Interviewing	<input type="checkbox"/>	Retired Other Health Care Professional
<input type="checkbox"/>	Computer Skills	<input type="checkbox"/>	Inventory Supplies/Equipment	<input type="checkbox"/>	Retired Physician
<input type="checkbox"/>	Counseling Skills	<input type="checkbox"/>	Language Interpretation	<input type="checkbox"/>	Search / Rescue
<input type="checkbox"/>	Crowd Management	<input type="checkbox"/>	Loading/Shipping	<input type="checkbox"/>	Social Work
<input type="checkbox"/>	Data Entry	<input type="checkbox"/>	Lodging Services	<input type="checkbox"/>	Specialty
<input type="checkbox"/>	Desk Top Support	<input type="checkbox"/>	Managerial Services	<input type="checkbox"/>	Transportation
<input type="checkbox"/>	Elderly / Disabled assist.	<input type="checkbox"/>	Office Management	<input type="checkbox"/>	Volunteer Services
<input type="checkbox"/>	Facility Management				

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: _____