The Cape Cod Medical Reserve Corp is accepting applications for both medical and non-medical volunteers. Please complete the application and CORI forms below. If you have questions, please contact:

Lynda C. Costa, Director Cape Cod MRC
Barnstable County Dept. of Health & Environment
P.O. Box 427, 3195 Main Street
Barnstable, MA 02630
lcosta@barnstablecounty.org

What is the Medical Reserve Corp?

- The MRC was founded after President Bush’s 2002 State of the Union Address, in which he asked all Americans to volunteer in support of their country. It is a partner program with Citizen Corps, a national network of volunteers dedicated to ensuring hometown security.

- MRC units are community-based and function as a way to locally organize and utilize volunteers who want to donate their time and expertise to prepare for and respond to emergencies and promote healthy living throughout the year. MRC volunteers supplement existing emergency and public health resources.

- MRC volunteers include medical and public health professionals such as physicians, nurses, pharmacists, dentists, veterinarians, and epidemiologists. Many community members—interpreters, chaplains, office workers, legal advisors, and others—can fill key support positions.

- MRC units are provided specific areas to target that strengthen the public health infrastructure of their communities by the U.S. Surgeon General. These are outlined priorities for the health of individuals, and
the nation as a whole, which also serve as a guide to the MRC. The overarching goal is to improve health literacy, and in support of this, he wants us to work towards increasing disease prevention, eliminating health disparities, and improving public health preparedness.

- MRC volunteers can choose to support communities in need nationwide. When the southeast was battered by hurricanes in 2004, MRC volunteers in the affected areas and beyond helped communities by filling in at local hospitals, assisting their neighbors at local shelters, and providing first aid to those injured by the storms. During this 2-month period, more than 30 MRC units worked as part of the relief efforts, including those whose volunteers were called in from across the country to assist the American Red Cross (ARC) and the Federal Emergency Management Agency (FEMA).

During the 2005 Hurricane Season, MRC members provided support for ARC health services, mental health and shelter operations. MRC members also supported the HHS response and recovery efforts by staffing special needs shelters, Community Health Centers and health clinics, and assisting health assessment teams in the Gulf Coast region. More than 1,500 MRC members were willing to deploy outside their local jurisdiction on optional missions to the disaster-affected areas with their state agencies, the ARC, and HHS. Of these, almost 200 volunteers from 25 MRC units were activated by HHS, and more than 400 volunteers from more than 80 local MRC units were activated to support ARC disaster operations in Gulf Coast areas.
Cape Cod Medical Reserve Corps
Volunteer Application

(Medical)

Personal Contact Information

Dr.  Mrs.  Mr.  Ms.
Last Name____________  First Name__________  MI ______ (Circle one above)
Home Address ___________________________________  Apt. #_____________
City _____________________  State__________  Zip Code_______________
Home Phone # (___)__________  Cell Phone # (___)__________  Work Phone # (___)__________
E-mail Address___________________________  Personal Pager # (____)___________________
Business (Mailing) Address:____________________________________________
City___________________________  State_________  Zip Code_______________

In case an emergency happens to me please contact:
Name:________________________  Relationship:______________
Daytime phone number:_______________  Evening phone number:______________

Although the focus of our unit is on local emergencies, would you like us to call you in case of a statewide or national emergency (such as Hurricane Katrina relief efforts in 2005)? Please circle any that apply:

National  Statewide  Region  My town only

Would you be interested in leadership positions within the MRC?  YES ____  NO ____

Please check one of the following volunteer opportunities that best describe how you would like to participate in the MRC Program.

_____ MRC Emergency Team Member (Activated only in case of local emergency, notified of trainings and drills)

_____ MRC General Team Member (Activated for local emergencies, called to help with special projects and events, notified of trainings and drills.)

_____ MRC General Team Leader Role (Activated for local emergencies, called to help with special projects and events, notified of trainings and drills, administrative and clerical duties.)

Would you also be interested in being a member of the National MRC Auxiliary? This group can be activated as part of a local team to respond to State and National
For applicants interested in volunteering for non-emergency assignments, what hours do you prefer?

_____ Weekday mornings _____ Weekday afternoons _____ Weekday evenings
_____Weekend mornings _____ Weekend afternoons _____ Weekend evenings

Are you part of any other organization? (e.g. American Red Cross, CERT, a local hospital, etc.) If yes, please list below. Yes No

Who would you respond to first if on multiple lists?

If volunteers are needed for response to an emergency during the hours when you’d be working, is it ok to contact you at your place of employment? Yes No

If yes please provide the following information:

Occupation (check): ☐ Full Time ☐ Part Time ☐ Retired ☐ Student

Employer Address ____________________________________________

General Phone Number (___)________ Your extension________ Fax #(___)________

Education (check highest level): ☐ High School ☐ College ☐ Graduate School ☐ Other

School Name:_____________________ Location:______________________________

Type of Degree:_____________ Major/Specialization:_________ Year Graduated:_____

License (Professionals with a current license or certification in any health or mental health field)

Circle all applicable: License/Certification # Expiration Date

1. M.D./ D.O.__________________________________________________________

2. D.V.M./ V.M.D.______________________________________________________


4. D.C.______________________________________________________________

5. R.N.______________________________________________________________
6. L.P.N. ________________________________________________

7. EMT/ Paramedic__________________________________________

8. P.A/ N.P._______________________________________________

9. Pharmacist______________________________________________

10. Psychiatrist/Psychologist__________________________________

11. Other Mental Health Practitioner__________________________

12. Social Work LSCSW LMSW LBSW____________________________

13. Other health related degrees or licenses____________________

14. Do you have prescriptive authority? Yes No

Have you ever had your professional license suspended or revoked? Yes No
(Please attach letter of explanation)

**Certifications & Training** (Check any that apply)

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<th>Certifications</th>
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**Training** (Check/circle any that you have attended)

- Incident Command System 100/200 other
- NIMS-700
- Epidemiology
- Other Training (list below)
Bioterrorism

Terrorism & emergency response to terrorism

Languages

What languages do you speak or understand other than English? Please list and indicate level of fluency: (Include sign language)
Languages spoken: level of fluency (circle one) Read and write:

____________________ Excellent Fair Poor Yes No
____________________ Excellent Fair Poor Yes No

Volunteer Interests

Please check any fields of interest listed below:
Clinical Work _____ Deliveries _____ Fundraising_____ Administration _____
Health Education_____ Newsletter Production _____ Phone Bank _____
Volunteer Coordination_____

Personal Health

Do you have any personal health issues that would impact your ability to volunteer? Yes No
(For example allergies, medication issues, disabilities, special needs, or being treated for a medical condition)
If yes, please either list here or speak personally with the MRC Coordinator.
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

References: Please list three references who are familiar with your qualifications/experience. Do not list relatives.
Name _______________________________ Phone Number________________
Address____________________________________________________________________
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All of the information that I have supplied is correct to the best of my knowledge. I do hereby give my local Medical Reserve Corps (MRC) permission to make inquiries concerning 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 MRC. I hold the MRC 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 MRC. I recognize that I should investigate my personal and business liability coverage as pertains to my volunteer work for the MRC. I recognize that prior to being accepted as a MRC volunteer, I may be required to provide additional documentation as proof of certain certifications (CPR, First Responder, CDL, etc.)

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

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

Be sure this box □ is checked if you accept these terms, and sign your name below.

_________________________________________  Date:_______________________

Please mail application to:
Lynda C. Costa, Director Cape Cod MRC
Barnstable County Dept. of Health & Environment
P.O. Box 427, 3195 Main Street
Barnstable, MA 02630
Or
Fax to: (508) 362-2603
Cape Cod Medical Reserve Corps
Volunteer Application

(Non-medical)

Personal Contact Information

Dr. Mrs. Mr. Ms.

Last Name____________ First Name__________ MI ______ (Circle one above)

Home Address ___________________________________ Apt. #_____________

City ___________________ State_________ Zip Code_____________

Home Phone # (___)__________ Cell Phone # (___)____________ Work Phone # (___)_________

E-mail Address___________________________ Personal Pager # (____)___________________

Business (Mailing) Address:____________________________________________

City___________________________ State_________ Zip Code_____________

In case an emergency happens to me please contact:

Name:________________________ Relationship:______________

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Would you be interested in a leadership positions? YES ___ NO ___

Please check one of the following volunteer opportunities that best describe how you

would like to participate in the MRC Program.

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and clerical duties.)

Would you also be interested in being a member of the National MRC Auxiliary? This

group can be activated as part of a local team to respond to State and National

emergencies. (Extra training and credentialing required by the Surgeon General's

Office) Yes No

For applicants interested in volunteering for non-emergency assignments,
what hours do you prefer?
____ Weekday mornings _____ Weekday afternoons _____ Weekday evenings
_____ Weekend mornings _____ Weekend afternoons _____ Weekend evenings
Are you part of any other organization? (e.g. American Red Cross, CERT, a local hospital, etc.) If yes, please list below. **Yes No**

Who would you respond to first if on multiple lists?

____________________________________

**Education (check highest level):**  ☐ High School ☐ College ☐ Graduate School ☐

Other
School Name:_____________________ Location:______________________________
Type of Degree:_____________Major/Specialization:_______ Year Graduated:_____

**Certifications & Training** (Check any that apply)

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Other Training (list below):______________________________

NIMS-700

Epidemiology

Bioterrorism

Terrorism & emergency response to terrorism
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P.O. Box 427, 3195 Main Street
Barnstable, MA 02630
Or
Fax to: (508) 362-2603
CCMRC G

CORI REQUEST FORM

Cape Cod Medical Reserve Corps has been certified by the Criminal History Systems Board for access to conviction and pending criminal case data. As an applicant/employee/volunteer for the Cape Cod Medical Reserve Corps, I understand that a criminal record check will be conducted for conviction and pending criminal case information only and that it will not necessarily disqualify me. The information below is correct to the best of my knowledge.

________________________________________
Applicant/Employee/Volunteer Signature

APPLICANT/EMPLOYEE/VOLUNTEER INFORMATION (Please Print):

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<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
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Maiden Name of Alias (if applicable) Place of Birth

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Date of Birth Social Security No. *ID Theft Index PIN

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Mother's Maiden Name

Current and Former Addresses:

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Sex: _____ Height _____ft. _____in. Weight: _____ Eye Color: _____

State Driver's License Number: __________________________

(Include state of issue)

***The above information was verified by reviewing the following form of government issued photographic identification: __________________________
Requested by: _________________________________________________

Signature of CORI authorized employee

*The CHSB Identify Theft Index PIN Number is to be completed by those applicants that have been issued an Identity Theft Index PIN Number by the CHSB. Certified agencies are required to provide all applicants the opportunity to include this information to ensure the accuracy of the CORI request process.

All CORI request forms that include this field are required to be submitted to the CHSB via mail or by fax to 617-660-4614.