



Franklin County Medical Reserve Corps

Franklin Regional Council of Governments
(413) 774-3167 fax (413) 774-3169



MRC Volunteer Application

PLEASE PRINT NEATLY

A. CONTACT INFORMATION:

Last Name		First Name	
Street Address			
Town & Zip Code			
Email Address			
Home Phone	Work Phone	Other (mobile, fax, pager)	
Which of the above is your preferred method of communication?			
Male <input type="radio"/>	Female <input type="radio"/>	Date of Birth / /	

B. PROFESSIONAL INFORMATION:

Profession, occupation, and/or degree: (current or prior to retirement)	
Do you currently hold a health-related certification or license in Massachusetts? <input type="radio"/> Yes* <input type="radio"/> No	
If yes, Massachusetts certification or license number*: _____	
<i>*The Franklin County MRC requires that a copy of this document and a letter of reference or from past or current employer or "Letter of Good Standing" from the relevant certification board be submitted prior to volunteer duties.</i>	
Current Employer (if applicable):	
Professional area of specialty or skills:	
Are you First Aid certified?	<input type="radio"/> Yes <input type="radio"/> No
Are you CPR certified?	<input type="radio"/> Yes <input type="radio"/> No
Do you have teaching experience?	<input type="radio"/> Yes <input type="radio"/> No
Are you part of any other emergency/disaster response team or alert system?	<input type="radio"/> Yes* <input type="radio"/> No
<i>*Please list other system(s) (e.g. local hospital, local fire department, American Red Cross team):</i>	

C. OTHER INFORMATION:

Do you have a current Massachusetts driver's license?	<input type="radio"/> Yes <input type="radio"/> No
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Are you fluent in a language other than English? Yes* No
*Please list language(s):

Would you be interested in a leadership position within the MRC? Yes No Maybe

Have you had training in: *check all that apply*

	Most Recent Date	Agency Providing Training
<input type="radio"/> Incident Command System	_____	_____
<input type="radio"/> Disaster Preparedness	_____	_____
<input type="radio"/> Epidemiology	_____	_____
<input type="radio"/> Other training _____	_____	_____

How often are you interested in volunteering?

- Once/week
- ____ Days/month
- ____ Days/year
- I am only available in emergencies

Non-emergency opportunities:

Please indicate your areas of interest by checking below (you may check as many areas as you like):

Provide education and/or presentations on health topics:

- Diabetes
- Obesity/Physical Activity
- Smoking Cessation
- First Aid
- Health Screenings
- Other _____

D. OPPORTUNITIES FOR NON-LICENSED VOLUNTEERS

Please indicate your areas of interest by checking below (you may check as many areas as you like)

- Computer Support
- Data Entry
- Translation Assistance
- Fundraising
- Community Networking
- Volunteer Recruitment
- Other _____

E. OPTIONAL INFORMATION

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

PLEASE USE THE BACK OF THIS SHEET TO ANSWER THE FOLLOWING:

1. What interests you most about the MRC?
2. Do you have any concerns about the MRC or MRC related duties?
3. Please tell us about any skills you are willing to share that have not been listed above.

Verification and Consent for Reference and Background Check:

Please complete the attached form required by the State of Massachusetts, Criminal History Service Board.

Please return application to:

Ben Wood, Emergency Preparedness Coordinator
Franklin Regional Council of Governments
425 Main St., Ste. 20
Greenfield, MA 01301
bwood@frcog.org
413-774-3167, ext.117

For office use only:

Approved: _____

Denied: _____

Date: _____ Initials: _____

FRANKLIN REGIONAL COUNCIL OF GOVERNMENTS

425 Main Street, Suite 20, Greenfield, MA 01301-3313
Telephone 413-774-3167 • Fax 413-774-3169 • www.frcog.org
Executive Director • Linda Dunlavy



CORI REQUEST FORM

Franklin Regional Council of Governments has been certified by the Criminal History Systems Board for access to conviction and pending criminal case data. As an applicant/employee for _____, 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 Signature

LAST NAME

FIRST NAME

MIDDLE NAME

MAIDEN NAME OR ALIAS (IF APPLICABLE)

PLACE OF BIRTH

DATE OF BIRTH _____

SOCIAL SECURITY NUMBER: ____ - ____ - ____
(Requested not required)

MOTHER'S MAIDEN NAME: _____

CURRENT AND FORMER ADDRESSES: _____

SEX: _____ HEIGHT: _____ WEIGHT: _____ EYE COLOR: _____

STATE DRIVER'S LICENSE NUMBER: _____

*THE OTHER INFORMATION WAS VERIFIED WITH THE FOLLOWING FORM OF GOVERNMENT
ISSUED PHOTOGRAPHIC IDENTIFICATION: _____

REQUESTED BY: _____

SIGNATURE OF CORI AUTHORIZED EMPLOYEE