

# Burlington County Medical Reserve Corps Healthcare Professional Volunteer Application

Date of Application (mm/dd/yyyy)

## Personal Information

Last Name\*                      First Name\*                      Nickname                      Date of Birth (mm/dd/yyyy)

Street Address\*                      City\*                      County\*                      State\*                      Zip Code\*

Mailing Address (if different)                      City                      State                      Zip Code

**\*Note:** Please Enter at least one Phone Number

Home Phone Number:

Cell Phone Number:

Please provide the e-mail address where you would like to receive messages\*:

Check if you currently serve in the National Disaster Medical System:

Do You possess a valid driver's license? \*                      Yes                      No

Driver's License Number                      Expiration Date                      Class                      State

## Employment Information

Place of Employment

Work Address                      City                      State                      Zip Code

Work Phone Number  
Ext.

## Emergency Contact- Will be notified in case of an emergency

Last Name\*                      First Name\*                      Relationship\*

Street Address\*                      City\*                      State\*                      Zip Code\*

**\*Note:** Please Enter at least one Phone Number

Home Phone Number:

Cell Phone Number:

## Additional Information

**Language:**                      **Fluent?**                      **Speak?**                      **Read?**                      **Write?**

### Question

**Yes   No   Comment**

- Are you willing to travel and volunteer outside of your county?
- Are you willing to participate in a Federally coordinated emergency response?
- Willing to provide translation service?
- Do you have ability to communicate using sign language?
- Have you 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 of volunteerism, in the event of a public health emergency?  
If yes, explain:
- Do you have a particular expertise and agree to be available for consultation or response throughout the state?

### Professional Licensure, Certification, Specialties, Experience

Name on License/Certification\*

License/Certification Number\*

State on License/Certification

License Type

Status

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

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

## Experience: Do you have any of the following skills?

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

## 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

## Expectations of NJ Medical Reserve Corps Professional Health Volunteers

As a volunteer with the New Jersey 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 NJ 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.

Failure to agree to the above statement invalidates application

\*Required Field