



# CENTRAL NH CERT & MRC



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## VOLUNTEER APPLICATION

Date: \_\_\_\_\_

### Personal Information

**Name:** \_\_\_\_\_  
*Last First MI*

**Address:** \_\_\_\_\_  
*Street Apt/Suite City State Zip Code*

<b>Telephone:</b>	<i>Cell</i>	<i>Cell Carrier</i>	<i>Home</i>	<i>Work</i>	<i>Pager/Other</i>
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**E-mail:** \_\_\_\_\_

<b>Date of Birth:</b> <i>mm/dd/yyyy</i>	<b>Social Security #:</b>
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<b>Emergency Contact:</b>	<i>Name</i>	<i>Relationship</i>	<i>Phone</i>	<i>Alt. Phone</i>
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Do you hold a current NH driver's license?  Y  N NH DL# \_\_\_\_\_

Have you ever been convicted of a criminal offense?  Y  N

### Professional Information

**ALL INTERESTED VOLUNTEERS ARE WELCOME!**

<b>Employment:</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Employer (if applicable)</i>	<i>FT</i>	<i>PT</i>	<i>Retired</i>

### Check your skills (all that apply):

<input type="checkbox"/> First Responder Experience	<input type="checkbox"/> HAM Radio experience
<input type="checkbox"/> Incident Command System / NIMS	<input type="checkbox"/> Equipment Inventory system experience
<input type="checkbox"/> Disaster Preparedness	<input type="checkbox"/> Administrative Support
<input type="checkbox"/> CPR / First Aid	<input type="checkbox"/> Newsletter Writing experience
<input type="checkbox"/> EMT	<input type="checkbox"/> Public Relations
<input type="checkbox"/> RN	<input type="checkbox"/> Video/Photography experience
<input type="checkbox"/> Educator (health/other)	<input type="checkbox"/> Other (write in): _____

List current certifications (CPR, First Aid, etc...):	Certification #:	Expiration Date:

**Specialty Area(s):**

**Are you currently affiliated with a Hospital / healthcare system?**  Y  N

**Name** (Hospital / Healthcare system):

**Additional Information (optional)**

**Are you part of other emergency/disaster response/alert system(s)?**  Y  N

American Red Cross       Salvation Army  
 NSP       Citizen Corps CERT       Other: \_\_\_\_\_

Do you speak a foreign language?  Y  N

Sign language?  Y  N

Language	Fluent	Well	Fair	Slight
French	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spanish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please list):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Teaching Experience?  Y  N

Leadership Experience?  Y  N

**I prefer to** (check all that apply):

- Prepare for service in a local emergency/disaster only.
- Prepare for service in local &/or distant emergency/disaster.
- Participate in community health initiatives.
- Participate in a leadership role.
- Participate in a teaching/training role.

Do you have family obligations to consider before responding to an emergency?  Y  N

**Thank You!**

All information is held confidential and is for the strict use of the Central NH CERT and MRC. It will not be shared with any other organization, for any reason, without the expressed written consent of the individual applicant. In compliance with the Privacy Act of 1974.