



**State of New Jersey Medical Reserve Corps
New Jersey Department of Health**

Community Health Volunteer Application

**MONMOUTH COUNTY HEALTH DEPARTMENT MEDICAL
RESERVE CORPS**

Date of Application (mm/dd/yyyy)

Personal Information

| | | | | |
|---|----------------------|--------------------------|----------------------|----------------------|
| * Last Name | * First Name | Middle Name | Nickname | |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | |
| Date of Birth (mm/dd/yyyy) | | | | |
| <input type="text"/> | | | | |
| * Street Address | * City | * County | * State: | * Zip |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Mailing Address (if different) | City | State | Zip | |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | |
| * Note: Please enter at least one Phone No. | | | | |
| Home Phone Number: | Home Fax Number: | | | |
| <input type="text"/> | <input type="text"/> | | | |
| Cell Phone Number | Pager Number | | | |
| <input type="text"/> | <input type="text"/> | | | |
| Provide the e-mail where you want to receive messages | | | | |
| <input type="text"/> | | | | |
| * Do you possess a valid driver's license? | | | | |
| <input type="radio"/> Yes | | <input type="radio"/> No | | |
| Driver's License Number | Expiration Date | Class | State: | |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | |

Social Security #

Employment Information

Place of Employment

Work Address

City

State

NJ

Zip

Work Phone Number

- - Extn

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

| | | | | |
|---|----------------------|-------------------------|----------------------|--|
| * Last Name | * First Name | * Relationship | | |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | | |
| * Street Address | * City | * State | * Zip | |
| <input type="text"/> | <input type="text"/> | NJ <input type="text"/> | <input type="text"/> | |
| * Note: Please enter at least one Phone No. | | | | |
| Home Phone Number | Work Phone Number | | | |
| <input type="text"/> | <input type="text"/> | | | |
| Cell Phone Number | Pager Number | | | |
| <input type="text"/> | <input type="text"/> | | | |

Additional Information

Language: Fluent? Speak? Read? Write?

| | | | | | |
|--------|---|--------------------------|--------------------------|--------------------------|--------------------------|
| Choose | ▼ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Choose | ▼ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Choose | ▼ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Choose | ▼ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Choose | ▼ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| Question | Yes | No | Comment |
|--|-----------------------|-----------------------|---------|
| Are you willing to travel and volunteer outside of your county? | <input type="radio"/> | <input type="radio"/> | |
| Are you willing to participate in a Federally coordinated emergency response? | <input type="radio"/> | <input type="radio"/> | |
| Willing to provide translation service? | <input type="radio"/> | <input type="radio"/> | |
| Do you have ability to communicate using sign language? | <input type="radio"/> | <input type="radio"/> | |
| Have you been immunized against Smallpox? | <input type="radio"/> | <input type="radio"/> | |
| Year of most recent smallpox vaccination | | | |
| Do you have any special needs or restrictions? If so, please explain. | <input type="radio"/> | <input type="radio"/> | |
| 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. | <input type="radio"/> | <input type="radio"/> | |
| Do you have particular expertise and agree to be available for consultation or response throughout the state? | <input type="radio"/> | <input type="radio"/> | |

Experience: Do you have any of the following skills?

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

Training/Continuing Education

Have you completed any training or continuing education programs in the following areas? If so, please check.

- | | |
|--|---|
| <input type="checkbox"/> Advanced Cardiac Life Support (ACLS) | <input type="checkbox"/> Hazardous Materials Training (HAZMAT) Biological |
| <input type="checkbox"/> Advanced Trauma Life Support (ATLS) | <input type="checkbox"/> Hospital Preparedness |
| <input type="checkbox"/> Basic Cardiac Life Support (BLS) | <input type="checkbox"/> Incident Command Training (ICS) |
| <input type="checkbox"/> Basic Disaster Life Support (BDLS) | <input type="checkbox"/> Isolation and Quarantine |
| <input type="checkbox"/> Bloodborne Pathogens | <input type="checkbox"/> Mental Health Training for Disasters |
| <input type="checkbox"/> CBRNE Training | <input type="checkbox"/> Pediatric Advanced Life Support (PALS) |
| <input type="checkbox"/> Citizen Emergency Response Team (CERT) Training | <input type="checkbox"/> Triage |
| <input type="checkbox"/> CPR/AED | <input type="checkbox"/> Vaccination administration smallpox |
| <input type="checkbox"/> Exercise design and evaluation | <input type="checkbox"/> Vaccination administration |
| <input type="checkbox"/> First Aid | <input type="checkbox"/> Venipuncture |
| <input type="checkbox"/> Fit Testing for Particulate Respirators | <input type="checkbox"/> Weapons of Mass Destruction (WMD) Training |



Expectations of NJ Medical Reserve Corps Community 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 ability.

I Agree to the above statement

Failure to agree to the above statement invalidates application.

SUBMIT

RESET

PRINT

CANCEL

* Required Field

If you have technical difficulties, please contact the Help Desk at (800) 883-0059

[Home](#)

| [Contact Us](#)

| [Messages](#)

| [NJLMN](#)

This system is restricted to authorized users. Random audits are routinely performed.

Copyright © 2004 NJDHSS. All Rights Reserved.
