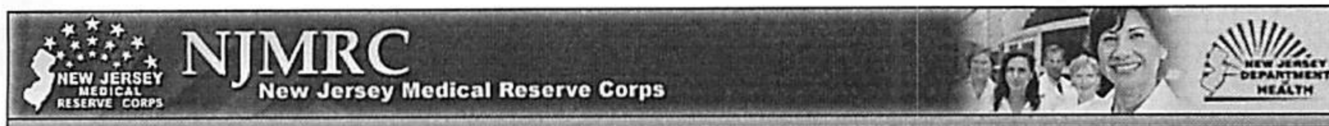

State of New Jersey Medical Reserve Corps
New Jersey Department of Health

Health Care Professional Volunteer Application

MONMOUTH COUNTY HEALTH DEPARTMENT MEDICAL RESERVE CORPS

Date of Application (mm/dd/yyyy)

Personal Information

*Last Name | *First Name | Middle Name | Nickname

Date of Birth (mm/dd/yyyy)

*Street Address | *City | *County | *State: | *Zip

Mailing Address (if different) | City | State | Zip

***Note:** Please enter at least one Phone No.

Home Phone Number: | Home Fax Number:

Cell Phone Number | Pager Number

Provide the e-mail where you want to receive messages

*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 NJ | Zip

Work Phone Number - - Extn

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

*Last Name | *First Name | *Relationship

*Street Address | *City | *State NJ | *Zip

***Note:** Please enter at least one Phone No.

Home Phone Number | Work Phone Number - - Extn

Cell Phone Number | Pager Number

Additional Information

Language:	Fluent?	Speak?	Read?	Write?
Choose	☐	☐	☐	☐

Choose	☐	☐	☐	☐
Choose	☐	☐	☐	☐
Choose	☐	☐	☐	☐
Choose	☐	☐	☐	☐

Question	Yes	No	Comment
Are you willing to travel and volunteer outside of your county?	O	O	
Are you willing to participate in a Federally coordinated emergency response?	O	O	
Willing to provide translation service?	O	O	
Do you have ability to communicate using sign language?	O	O	
Have you been immunized against Smallpox?	O	O	
Year of most recent smallpox vaccination			
Do you have any special needs or restrictions? If so, please explain.	O	O	
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.	O	O	
Do you have particular expertise and agree to be available for consultation or response throughout the state?	O	O	
Has your professional license or certification ever been suspended or revoked in New Jersey or any other state.	O	O	

Professional Licensure, Certification, Specialties, Experience

*Name on License/ Certification

*License/Certification Number

State on License/Certification

License Type

*Status ACTIVE

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

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

Experience: Do you have any of the following skills?

- ☐ DC (Doctor of Chiropractic)
- ☐ DCM (Doctor of Chiropractic Medicine)
- ☐ DDS, DMD (Dentists)
- ☐ DO (Doctor of Osteopathy)
- ☐ DPM (Podiatrist)
- ☐ DVM (Veterinarian)
- ☐ MD (Medical Doctor)
- ☐ OD (Optometrist)
- ☐ PA (Physicians Assistant)

- ☐ CRNA (Nurse Anesthetist)
- ☐ LPN (Licensed Practical Nurse)
- ☐ NP (Nurse Practitioner)
- ☐ Nurse Midwife
- ☐ Nursing Assistant/Patient Care Associate
- ☐ RN (Registered Nurse)

- ☐ Cardiovascular Technologists and Technicians
- ☐ Dental Technician
- Diagnostic Medical Sonographers

- ☐ Surgical Technician

- ☐ PharmD (Doctor of Pharmacy)
- ☐ Pharmacy Assistant
- ☐ Pharmacy Technician
- ☐ Registered/Licensed Pharmacist

- ☐ Certified/Licensed Social Worker (CSW, LCSW, other)
- ☐ Marriage and Family Therapist
- ☐ Medical Record and Health Information Technicians
- ☐ Mental Health Counselor
- ☐ Mental Health Social Worker
- ☐ Mental Health Therapist
- ☐ Social Worker (BSW, MSW)
- ☐ Substance Abuse Social Worker

- ☐ Environmental Health Specialist
- ☐ Epidemiologist
- ☐ Health Educator
- Health Officer

- [ ]
- [ ] EMT (Emergency Medical Technician)
- [ ] Funeral Director/Mortician
- [ ] Informational Technologist (IT)
- [ ] Laboratory Technician
- [ ] Medical and Clinical laboratory Technologists
- [ ] PT/OT (Physical or Occupational Therapist)
- [ ] Paramedic
- [ ] Radiology Technician
- [ ] Respiratory Therapist
- [ ]
- [ ] Health Planner
- [ ] Industrial Hygienist
- [ ] Microbiologist
- [ ] Pastoral Care Professional
- [ ] Psychologist
- [ ] Public Information Officer
- [ ] Student of the Health Professions, please specify
- [ ] 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)
- [ ] Advanced Trauma Life Support (ATLS)
- [ ] Basic Cardiac Life Support (BLS)
- [ ] Basic Disaster Life Support (BDLS)
- [ ] Bloodborne Pathogens
- [ ] CBRNE Training
- [ ] Citizen Emergency Response Team (CERT) Training
- [ ] CPR/AED
- [ ] Exercise design and evaluation
- [ ] First Aid
- [ ] Fit Testing for Particulate Respirators
- [ ] Hazardous Materials Training (HAZMAT) Biological
- [ ] Hospital Preparedness
- [ ] Incident Command Training (ICS)
- [ ] Isolation and Quarantine
- [ ] Mental Health Training for Disasters
- [ ] Pediatric Advanced Life Support (PALS)
- [ ] Triage
- [ ] Vaccination administration smallpox
- [ ] Vaccination administration
- [ ] Venipuncture
- [ ] 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.

SUBMIT RESET PRINT CANCEL

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

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