

**NORFOLK COUNTY-8  
 MEDICAL RESERVE CORPS (NC-8 MRC)  
 Wellesley Health Department  
 90 Washington Street, Wellesley, MA 02481  
 Tel: (781)-235-0135  
 www.wellesleyma.gov**



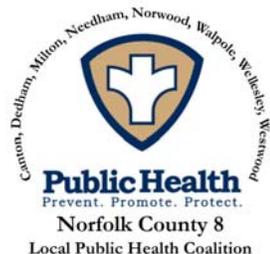
**WELLESLEY MRC VOLUNTEER APPLICATION**

Personal Contact Information			
Last Name:		Date of Birth: _____/_____/_____	
First Name:		MI:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Mailing Address:		City	State    Zip
Street			
Phone:	Cell		Work
Home			
Email:	Bilingual Skills: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Speak <input type="checkbox"/> Read <input type="checkbox"/> Write		If yes, please list languages:
<b>How do you prefer to be contacted? Please also list, in order of importance, how you would prefer to be contacted (ex. 1<sup>st</sup>, 2<sup>nd</sup>)</b>			
<input type="checkbox"/> Home phone _____	<input type="checkbox"/> Cell phone _____	<input type="checkbox"/> Work phone _____	<input type="checkbox"/> Email _____
Employment			
<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time	<input type="checkbox"/> Retired	<input type="checkbox"/> Student
Please list employer (if applicable):			

What are you volunteering for? (Please check all that apply)			
<input type="checkbox"/> Local Volunteer ONLY	<input type="checkbox"/> Local and Regional	<input type="checkbox"/> Statewide	<input type="checkbox"/> National
<input type="checkbox"/> Active	Receives notification of ALL training opportunities, drills and exercises, emergency events, as well as non-emergency volunteer opportunities (i.e. Flu clinics, health education)		
<input type="checkbox"/> Limited	Receives notification of drills and exercises and ALL emergency events		
<input type="checkbox"/> Emergency Only	Receives notification of only major emergency events		

Licenses & Certifications			
<input type="checkbox"/> Medical (specify type)	License or Registration Number	State	Specialty
<input type="checkbox"/> Nursing (specify type)	License or Registration Number	State	Specialty
<input type="checkbox"/> EMT/Paramedic (specify type)	License or Registration Number	State	Specialty
<input type="checkbox"/> Other (specify type)	License or Registration Number	State	Specialty
<input type="checkbox"/> Other Certifications (specify type)			

**Questions? Please call (781)-235-0135 or email [clefman@wellesleyma.gov](mailto:clefman@wellesleyma.gov)**



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**WELLESLEY MRC VOLUNTEER APPLICATION**

**Volunteer Consent for References, Background Checks, Release of Information and Media Waiver**

The Norfolk County-8 Medical Reserve Corps (NC-8 MRC)/Wellesley Health Department recognizes its responsibility to volunteer staff to assure fair and equal treatment and will not discriminate on the basis of color, religion, sex, age or national origin or against any qualified handicapped individual, or disabled veteran.

I understand that the information on this application will be kept confidential within the NC-8 MRC/Wellesley Health Department and is restricted for use by the NC-8 MRC/Wellesley Health Department.

I do hereby give the NC-8 MRC/Wellesley Health Department permission to inquire into my background, including references, employment, licensure, driving record, police record, education and/or volunteer history as part of the verification/application process. I further give permission to the holder of any such records to release the same to the NC-8 MRC/Wellesley Health Department. Additionally, I do hereby consent to the release of personal information to local, state and federal emergency management and other Health and Human services agencies as needed. I further understand I will be required to sign a CORI request form and that a national sex offender records search will be conducted about me, using publicly available information.

I understand that as a Medical Reserve Corps (MRC) volunteer I am not paid for my service and that this is not an application for or contract of employment. I further agree that as a volunteer I may not accept payment for my services and that I will incur the cost of transportation.

I further understand that the MRC may develop, participate in or be the subject of media based presentations and events and give my permission to publish my name and photograph with any MRC activity.

I will also take required training when applicable.

The statements made on the registration are true, complete and accurate to the best of my knowledge. I understand that any misrepresentation, omission of information, or misleading and incomplete data shall result in disqualification from consideration or dismissal as a volunteer. The NC-8 MRC/Wellesley Health Department reserves the right to disqualify or reject any volunteer.

I hereby hold the MRC harmless of any liability, whether civil or criminal, that may arise as a result of the release of information about me. I further hold harmless any individual, agency, business or corporation that provides documents to the MRC.

**Assumption of Risk**

I recognize that volunteering for the Medical Reserve Corps (MRC) may involve physical labor and may carry a risk of personal injury. I further recognize that there may be natural and manmade hazards, environmental conditions, diseases and other risks, which in combination with my actions could cause injury to me. I hereby agree to assume all risks, which may be associated with or may result from my participation in this volunteer program.

**Release**

I hereby release the NC-8 MRC/Wellesley Health Department and the "Hosting Community", its agencies, departments, officers, employees, agents and assigns, from any and all liability, claims, demands, actions, and causes of action whatsoever for any loss claim, damage, injury, illness, attorney's fees or harm of any kind or nature to me arising out of any and all activities associated with this volunteer program.

**Signature:**

**Date:**

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