



Volunteer Application

Naugatuck Valley Medical Reserve Corps
 c/o Naugatuck Valley Health District
 98 Bank Street, Seymour, CT 06483
 Phone 203-881-3255 | Fax 203-881-3259
 Unit Leader Email: jstelmaszek@nvhd.org

Important information, please read carefully:

- Please type or fill out legibly in black or blue ink.
- Items marked with an asterisk (*) must be completed.
- Bring this form, including copies of your licenses/certificates to the next meeting, or submit via email.

*Last Name:		*First Name:	
*Home Mailing Address		*City	*State
			*Zip Code
*Date of Birth (MM/DD/YYYY)	*Cell Phone ()	*Home Phone ()	Work Phone ()
*Home Email		Work Email	
*Name of Emergency Contact		*Relationship	*Phone ()

Primary and secondary methods of communication for NVMRC are email and phone.

Providing this information is optional, but it may be valuable to NVMRC in an emergency.	
Profession:	Gender:
Please list other language spoken or sign language: <input type="checkbox"/> Fluent <input type="checkbox"/> Well Enough <input type="checkbox"/> Slight <input type="checkbox"/> N/A	Would you be willing to be an interpreter in emergency? <input type="checkbox"/> Yes <input type="checkbox"/> No
Drug Allergies	Hospital preferred

*I give the Naugatuck Valley Medical Reserve Corps, and its partners Naugatuck Valley Health District and Echo Hose Ambulance Company, permission to include myself or my likeness in photographs or video recordings used for reports, promotions, social media and any other use.

Initial _____

Date _____

****Please continue to the next page****



Please select one or more of the following units:

Administration	Logistics	Safety
Behavioral Health	Community Service	Shelter Operations
EMS / Fire / Police	Physician / PA	RN / APRN
Pharmacist	Veterinary	Other Medical

Please list current licenses and/or certifications

Licenses/Certificate Title and Number	Expiration Date

*Do you have prescription authority? Yes ___ No ___

*Do you have a valid driver's license? Yes ___ No ___

*Have you ever been convicted of a felony? Yes ___ No ___

*Would you be willing to submit to a background check? Yes ___ No ___

*Shirt Size (please circle one): S M L XL XXL

I attest that the information provided in this application is correct and accurate to the best of my ability.

Print Name _____
(First, Last)

Signature _____

Date _____

