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

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.

NVMRC Unit Leader Email: amichaud@nvhd.org
Register Online: https://ctresponds.ct.gov/

*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: ( ) Fluent ( ) Well Enough ( ) Slight ( ) N/A	Would you be willing to be an interpreter in emergency? ( ) Yes ( ) No
Drug Allergies	Hospital preferred

*I give the Naugatuck Valley Medical Reserve Corps, and its housing agency Naugatuck Valley Health District, 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 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 ____

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_____