# STRATFORD-TRUMBULL-MONROE
# MEDICAL RESERVE CORPS
# APPLICATION

203-385-4090 ● mrc@townofstratford.com ● www.townofstratford.com/health ● www.facebook.com/STMMRC

## Contact Information

Title (Mr., Mrs., Ms., Dr.)

First Name*

Last Name*

Suffix (Jr., Sr., MD., PhD., RN, LPN)

Gender

Birth Date

Occupation

Home Address*

Home Address 2 (Unit or Apt. #)

Home Address City*

Home Address State*

Home Address Zip Code*

Personal E-mail Address

Work E-mail Address

Home Phone

Work Phone

Work Extension

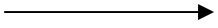
Personal Cell Phone

Beeper/Pager

Work Cell Phone

Home FAX

Work FAX



# Stratford-Trumbull-Monroe MRC

## Language Skills

Primary Language

Do you know American Sign Language?

**Please describe your level of fluency with any additional languages. Choose from the following fluency levels: Fluent, Well, Fair, or Slight.**

Language 1 | Fluency Level 1 | Language 2 | Fluency Level 2

Have you taken an interpreter course?

Are you willing to act as an interpreter?

## General Questions

Do you have any physical limitations? If yes, please describe.

Have you ever been convicted of a felony? If yes, please describe.

Do you currently hold a position that requires you to respond during an emergency? If yes, please describe.

Are you willing to assist in non-emergency events like seasonal flu clinics and health fairs?

Some public health emergencies may require 24-hour a day operation. Volunteers may be asked to work 8 to 12 hour shifts. During an emergency, we may contact you at any time. However, if given a choice, please indicate which shifts you would be able to work. (Check all that apply)

Daytime (8 a.m. – 4 p.m.) Evening (4 p.m. – 12 a.m.) Overnight (12 a.m. – 8 a.m.)

Are you willing to volunteer outside of your unit to other towns within Connecticut?

Are you interested in volunteering as an MRC member outside of Connecticut?

Are you interested in volunteering at Connecticut's mobile field hospital?

Do you have a valid Connecticut's Driver's License?

# Stratford-Trumbull-Monroe MRC

## Medical Skills

Please fill out this section by checking all applicable boxes if you are a licensed medical provider or if you have medical certifications. If you are not a licensed or certified medical provider, please go to the next page to identify your non-medical skills

| | | | |
|---|---|---|---|
| MD/DO | ☐ | Veterinarian | ☐ |
| Chiropractor | ☐ | Psychologist | ☐ |
| PA | ☐ | Therapist/Counselor | ☐ |
| NP | ☐ | MSW | ☐ |
| APRN | ☐ | Physical Therapist | ☐ |
| RN | ☐ | Certified Nurse's Aid | ☐ |
| LPN | ☐ | X-Ray Technician | ☐ |
| Dentist | ☐ | Medical Assistant | ☐ |
| Dental Hygienist | ☐ | EMT | ☐ |
| Naturopath/ Homeopath | ☐ | Paramedic | ☐ |
| Pharmacist | ☐ | Optometrist | ☐ |
| Pharmacy Technician | ☐ | Registered Dietician | ☐ |

Other (Please Describe) ☐ Specialization (If Applicable) ☐

If you have selected more than one medical skill, please identify your primary skill. ☐

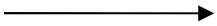
## Medical License Information

Please indicate your professional license number(s), the State it was issued in, and the expiration date below.

| License Number | State Issued | Expiration Date |
|---|---|---|
| | | |
| | | |

Do you have malpractice insurance? ☐

**You do not need malpractice insurance to volunteer in the MRC.**



# Stratford-Trumbull-Monroe MRC

## Current Medical Certifications

| AED Certification | First Aid Certification | CPR Certification |
|---|---|---|
| | | |
| Expiration Date | Expiration Date | Expiration Date |

## Essential Non-Medical Skills

Please check all applicable boxes to identify your non-medical skills.

| | | | |
|---|---|---|---|
| Home Health Aid | ☐ | Telecommunications | ☐ |
| Home Maker Assistant/Companion | ☐ | Data Entry Personnel | ☐ |
| Clergy | ☐ | Ham Radio Operator | ☐ |
| Nutritionist | ☐ | Customer Service | ☐ |
| Public Health | ☐ | Accountant | ☐ |
| Leadership Experience | ☐ | Purchasing Agent | ☐ |
| Office Manager | ☐ | Custodian | ☐ |
| Secretary / Admin | ☐ | Electrician | ☐ |
| Attorney | ☐ | Plumber | ☐ |
| Paralegal | ☐ | Mechanic | ☐ |
| Health Educator | ☐ | Bus Driver | ☐ |
| Teacher | ☐ | Commercial Driver's License | ☐ |
| Teacher's Aide | ☐ | Security | ☐ |
| Guidance Counselor | ☐ | Occupational / Safety Specialist | ☐ |
| School Administrator | ☐ | Engineer | ☐ |
| Librarian | ☐ | Fire Fighter | ☐ |
| Child Care Provider | ☐ | Animal Control | ☐ |
| Public Relations | ☐ | Veterinary Technician | ☐ |
| Audio Visual Equipment | ☐ | Pet Sitter | ☐ |
| IT Personnel | ☐ | Food Services | ☐ |
| Human Resources Personnel | ☐ | Other, please specify | |

## Stratford-Trumbull-Monroe MRC

### Acknowledgement

I attest that to the best of my knowledge, the information provided on this application is correct and accurate. I understand that it is my responsibility to notify my MRC unit of any circumstances that affect the accuracy of the information I am providing. By Checking below, I agree to allow the Medical Reserve Corps to verify the above information and understand that a more comprehensive background check may be required. I understand that any incorrect, incomplete, or false information on this application could result in rejection of my application.

I understand that this information will be contained in a central, secure database administered by the Yale New Haven Center for Emergency Preparedness and Disaster Response (YNHHS) and that it will be made available in electronic format to my Medical Reserve Corps unit for purposes of contacting me in case of a declared state of emergency, or for preparedness or other public health activities. Depending on need and availability, although I have volunteered, I understand that I may not be asked to participate in all activities.

I understand that I retain the right to refuse to volunteer for any reason.

I understand that I will not receive compensation nor be paid for any services I render. I further understand that I am not able to bill any individual, organization, or business for services I render while acting in the capacity of a volunteer for the Medical Reserve Corps.

I understand that it is my responsibility to coordinate my volunteer time with my employer or non-paid obligations relative to emergency response (e.g., DMAT) if the time I have been asked to volunteer conflicts with my work schedule and/or emergency response obligations.

I agree to abide by any and all confidentiality protocols at the agency, institution or designated emergency site of care where I am assigned, as communicated to me by the supervisor in charge.

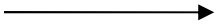
I agree to maintain all patient-related information to which I have access to, including but not limited to protected health information, in the strictest confidence in accordance with all applicable laws and regulations. Without limiting the foregoing, I will comply with the confidentiality and disclosure requirements of applicable law and regulations, including but not limited to laws and regulations regarding the release of information pertaining to treatment of mental illness, substance abuse, and HIV testing and results, and the Health Insurance Accountability and Portability Act of 1996 (“HIPPA”).

I understand that I will be volunteering under the direct supervision of an appropriate individual designated by the Incident Commander and that every effort will be made to match my skills and abilities with the appropriate job function.

I agree to abide by the protocols of the MRC unit as well as the agency, institution or designated emergency site of care where I am assigned, as communicated to me by the supervisor in charge.

**Please check the box below to confirm this acknowledgement:**

I agree to the above statement ☐



# Stratford-Trumbull-Monroe MRC

## Waiver and Release

I recognize that participation as a volunteer in the Medical Reserve Corps program may carry a risk of personal injury.

I further recognize that there are natural and man-made hazards, environmental conditions, diseases and other risks, which, in combination with my action, can cause injury to me, particularly in a disaster situation. I hereby agree to assume all risks, which may be associated with or may result from my participation in the program. I further recognize that these program activities will involve physical activity and may cause physical and emotional discomfort. I state that I am free from any serious health problems that could prevent me from participating in any activities associated with the program.

I recognize that as a volunteer, I will be entitled to the liability protections afforded by Sections 4-165 and 5-141d of the Connecticut General Statutes, to the extent provided in Public Act 03-236. As part of my participation in the Medical Reserve Corps program, I understand that the State of Connecticut has agreed to ensure professional liability coverage and workers' compensation coverage for my work in connection with the program, provided that I take the annual loyalty oath as required by the State statute and sign in and out for each event. I understand, however, that I will be personally responsible for the cost of any emergency or other medical care that I receive that is not covered under applicable workers' compensation benefits.

I agree to release and hold harmless the State of Connecticut and its subdivisions, the Yale New Haven Health System (YNHHS), the Medical Reserve Corps and any hospital, facility, institution or agency at which I volunteer in connection with the program, as well as each of their respective officers, employees and agents from any and all liability, claims, demands, actions, and causes of actions 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 my participation in the program.

I have read and understand all of the information regarding my participation in the Medical Reserve Corps program.

**I have read and understand the above waiver and release and agree to all provisions above.**

_____ _____ _____

Print Name Signature Date

**Thank you for your interest. Please send completed form to the following address:**

**The Stratford Health Department**
**Attention: MRC Coordinator**
**468 Birdseye Street**
**Stratford, CT 06615**

**Fax: 203-381-2048**