

**Duxbury Bay
Area Regional**



A Partnership of Local Community Volunteers:
Duxbury, Hanson, Marshfield, Pembroke, & Whitman

The mission of the Duxbury Bay Area Regional MRC is to allow local medical and non-medical volunteers to contribute their own unique skills and expertise throughout the year, as well as during times of emergent community needs; providing a foundation of volunteers who are able to support the community response to disasters, such as epidemics, acts of terrorism, and natural or man-made disasters; while assisting healthcare professionals when and if medical facilities are overburdened.

VOLUNTEER APPLICATION

Please print CLEARLY or type

Name		Date of Birth MM/DD/YY (Required) ____/____/____	
Street Address (Mailing)		Last 6 digits of Social Security Numbers (Required) ____-____-____	
City		State	Zip
Home Phone	Work Phone		Cell Phone
Email		Employer	
EMERGENCY CONTACT: Name:	Address:	Mobile Phone:	
		Home Phone;	
Relationship:			
Occupation Type: Medical <input type="checkbox"/> Physician, Specialty: _____ <input type="checkbox"/> PA •NP (circle one) <input type="checkbox"/> RN • LPN • APRN (circle one) <input type="checkbox"/> Dentist <input type="checkbox"/> Pharmacist <input type="checkbox"/> Psychiatrist <input type="checkbox"/> Veterinarian <input type="checkbox"/> EMT • Paramedic (circle one) <input type="checkbox"/> Behavioral Health <input type="checkbox"/> Social Worker <input type="checkbox"/> Allied Health: _____ <input type="checkbox"/> Other: _____	Occupation Type <input type="checkbox"/> Non-Medical Special Skills: (i.e. Computer, Financial, Organizational) _____ _____ _____ _____	Volunteer Interests. Check all that apply: <input type="checkbox"/> Administration/ Clerical <input type="checkbox"/> Executive Committee <input type="checkbox"/> Fundraising <input type="checkbox"/> Newsletter <input type="checkbox"/> Publicity <input type="checkbox"/> Public Safety <input type="checkbox"/> Recruiting <input type="checkbox"/> Social Media <input type="checkbox"/> Volunteer Coordination	Volunteering Preferences: Check all that apply: <input type="checkbox"/> Emergency ONLY <input type="checkbox"/> Community Events <input type="checkbox"/> All DBAR MRC Communities <input type="checkbox"/> My Community ONLY <input type="checkbox"/> Duxbury <input type="checkbox"/> Hanson <input type="checkbox"/> Marshfield <input type="checkbox"/> Pembroke <input type="checkbox"/> Whitman <input type="checkbox"/> Regional Opportunities <input type="checkbox"/> Statewide Opportunities
License or Certificate/Registration Number:		Languages Spoken:	Drivers License #:
State License Held: Expiration Date:			

Privacy Act Statement

This information is requested by the Duxbury Bay Area Regional Medical Reserve Corps and is for the purpose of organizing volunteers and staff to respond to public health emergencies. It will not be utilized or released for any other purpose without your express written permission unless required by law. All information will be kept in a secure manner.

A Criminal and Sexual Background Check is required of all volunteers: You MUST complete a CORI Request Form

I hereby state that the above information is accurate to the best of my ability, and hereby give the Duxbury Bay Area Regional Medical Reserve Corps permission to release personal information to local, state and federal emergency management agencies and other Health & Human Service agencies as needed for purposes of a Criminal & Sexual Background Check

Signature of Applicant _____

Date _____

General Photography Release Consent

I do not object to the Duxbury Bay Area Regional Medical Reserve Corps taking photos of my likeness during training and/or activation and potentially using the images in training and outreach materials, including social media.

I understand that it is my responsibility to alert the photographer if I object to the taking of my photo.

As a volunteer with the Duxbury Bay Area Regional Medical Reserve Corps, I will be called upon to assist in the event of public health emergencies. I agree to complete the Core Competency Trainings and to attend educational programming to explain my role(s) 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 Duxbury Bay Area Regional Medical Reserve Corps. I agree to serve my fellow citizens with respect, dignity and to the best of my ability.

I hereby certify that all information on this application is true and correct to the best of my knowledge and belief, and I understand that any falsification or omission of material facts may cause forfeiture on my part of all rights to membership in the Duxbury Bay Area Regional Medical Reserve Corps. I understand all information on this application is subject to verification, and I hereby give my express permission for the Duxbury Bay Area Regional Medical Reserve Corps to contact any person, agency or institution for information related to my role and function as a Medical Reserve Corps volunteer. I hold the Duxbury Bay Area Regional Medical Reserve Corps harmless of any liability, criminal or civil that may arise as a result of the release of this information about me. I also hold harmless any individual or organization that provides information to the Duxbury Bay Area Regional Medical Reserve Corps.

Signature of Applicant: _____

Date: _____

Confidentiality Statement

In the course of volunteering with the Duxbury Bay Area Medical Reserve Corps, I understand that I may come across personal and health information of community members. I acknowledge that it is my duty to protect said information at all times. I agree that I will not disclose any information that I may obtain in the course of my duties to unauthorized individuals and will share this information only with those who must have that information to assist in or take over care of the community member. I understand that this obligation applies even after I have completed my duties as a volunteer.

I, _____ by my signature below, will protect and comply with state and federal confidentiality laws and the privacy rights of community members for whom I provide or assist in the provision of medical or personal care.

Signed:

PRINT NAME

SIGNATURE

Date: _____

Failure to agree to above statements invalidates application

Please Mail Completed Application & CORI Forms To:

Tracy Mayo, RS/R.E.H.S.
Duxbury Bay Area Regional MRC Coordinator
c/o Duxbury Board of Health
878 Tremont Street
Duxbury, Massachusetts 02332

Questions or Concerns? Contact:

Tracy Mayo, RS/R.E.H.S.
DBAR MRC Coordinator
Email: DBARMRCvolunteer@gmail.com
Telephone: 781.934.1100 x5490
FAX: 781.934.1118