MDA 31 VOLUNTEER APPLICATION

CONTACT INFORMATION

NAME: First _____ Middle Initial _____ Last _____

ADDRESS: Street _____ City/Town _____ Zip code _____

PHONE: Home _____ Cell _____Work _____

EMAIL: _____ Date of Birth: _____ Gender _____

EMERGENCY CONTACT

Name: _____ Relationship: _____

Phone: _____

LANGUAGE SKILLS

Primary: _____ Speak & Understand Read & Translate Write

Other: _____ Speak & Understand Read & Translate Write

Are you fluent in American Sign Language? Yes No

Would you be willing to work as an interpreter in an emergency? Yes No

CURRENT OCCUPATION

Organization: _____

City/State: _____

Position title: _____

Work status: Full-time Part-time Student Consultant Retired Other

OTHER PROFESSIONAL/VOLUNTEER EXPERIENCE

Organization: _____

Address: _____

Position title: _____

Dates: from _____ to _____

WHAT WILL YOU VOLUNTEER FOR?

Emergencies only Emergencies and non-emergencies (e.g., flu clinics, health fairs)

Local Regional State-wide Federal

HEALTH

Have you been immunized against smallpox? Yes No

Do you have any special needs or restrictions? If so, please explain.

DISASTER SERVICES TRAINING/EXPERIENCE

Have you had disaster services training (other than CPR or First Aid)? No

Yes, description _____

Have you had prior experience with disaster/crisis response? No

Yes, description _____

Please check off any Federal Emergency Management Agency (FEMA) courses you have taken:

Incident Command System 100 Incident Command System 200 Incident Command System 300

Incident Command System 400 National Incident Management System 700

National Incident Management System 800 Other, please explain _____

PROFESSIONAL LICENSES AND CERTIFICATIONS

Medical license:	Nursing license:	EMT/Paramedic license:	Other license:
Type _____	Type _____	Type _____	Type _____
State _____	State _____	State _____	State _____
Number _____	Number _____	Number _____	Number _____
Expiration _____	Expiration _____	Expiration _____	Expiration _____

Certificate Description _____ Expiration _____

Certificate Description _____ Expiration _____

Do you have prescriptive authority? No Yes

Do you have CPR Certification? No Yes, expiration date _____

Are you first aid certified? No Yes, expiration date _____

Are you AED certified? No Yes, expiration date _____

Have you ever had your professional license suspended or revoked? No Yes (Please attach letter of explanation)

WHEN ARE YOU AVAILABLE?

Weekdays	**Weekends**
Daytime (8am- 4pm)	Daytime (8am- 4pm)
Evenings (4pm- 12am)	Evenings (4pm- 12am)
Overnight (12am- 8am)	Overnight (12am- 8am)

Do you hold any other positions, paid or volunteer, that require your attendance during an emergency? Yes No If yes, please explain

CONVICTIONS

Within the last 10 years, have you been convicted of any felony or misdemeanor offense, in Connecticut or in any other state or place, including entering a plea of nolo contendere or no contest, including any conviction which has been expunged? ☐ Yes ☐ No

Are there any criminal charges currently pending against you? ☐ Yes ☐ No

If you answered yes to either of these questions, attach a detailed statement describing the crime(s), date, location, court, sentence served, and applicable parole.

PHOTOGRAPHS

I do not object to the Windsor-South Windsor Health Department taking photos of my likeness during training/activation and potentially using the images in training and outreach materials. I understand it is my responsibility to alert the photographer if I object to the taking of my photo.
Initial here _____

ACKNOWLEDGEMENT

I attest that to the best of my knowledge, the information provided on this application is accurate, I understand that it is my responsibility to notify Windsor/South Windsor MDA #31 of any circumstances that affect the accuracy of the information I am providing. By checking below, I agree to allow the Windsor/South Windsor MDA #31 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 Windsor Health Department 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 Windsor/South Windsor MDA #31.

I agree to abide by any and all confidentiality protocols at the agency, institution or designated emergency site 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 agree to abide by the protocols of the Windsor/South Windsor MDA #31 as well as the agency, institution or designated emergency site 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 ☐

Thank you for your interest.

Signature_____ **Date**_____

Print Name _____

Please RETURN the completed form to:
Windsor Health Department
275 Broad Street
Windsor, CT 06095
Or email to: health@townofwindsorct.com
Telephone: 860-285-1823

For Office Use:

Date: _____

Initial: _____