



**WINTHROP/Region 4b MEDICAL/CITIZEN  
RESERVE CORPS**

**WINTHROP BOARD OF HEALTH**

45 Pauline Street, Winthrop, MA 02152

Telephone: 617-846-1852

Email: MRC@town.winthrop.ma.us



**VOLUNTEER APPLICATION**

The Town of Winthrop, in cooperation with Massachusetts Public Health Region 4b, is recruiting a community-based group of volunteers who can serve during a local or regional health emergency and/or assist with local public health needs throughout the year. **Volunteers can choose to serve solely during emergencies, or they may offer their time for both emergencies and non-emergencies, i.e., Flu clinics and health fairs.**

<b>Name:</b>		
Last	First	MI

<b>Address:</b>			
Street	City	State	Zip

<b>Phone:</b>		
Home	Work	Cell
Email		Pager

<b>Emergency Contact Information:</b>	
Name	Relationship
Address	Phone

<b>What are you volunteering for?</b>	
Emergencies ONLY: _____	Emergencies AND Non-emergencies (i.e. Flu clinics, health education): _____
Winthrop Volunteer ONLY: _____	BOTH Winthrop and Region 4b* Volunteer: _____

<b>Availability:</b>		
_____ Weekday Mornings	_____ Weekday Afternoons	_____ Weekday Evenings
_____ Weekend Mornings	_____ Weekend Afternoons	_____ Weekend Evenings

**Are you:**

<input type="checkbox"/> Employed (Please list information below)	<input type="checkbox"/> Retired
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<b>Volunteer Interests:</b>		
<input type="checkbox"/> Clinical Work	<input type="checkbox"/> Clergy	<input type="checkbox"/> Fundraising or grant writing
<input type="checkbox"/> Public Health	<input type="checkbox"/> Administration	<input type="checkbox"/> Newsletter Production
<input type="checkbox"/> Mental Health/Substance Abuse	<input type="checkbox"/> Organizing/Volunteer Coordination	<input type="checkbox"/> Social Media
		<input type="checkbox"/> Other

<b>Professional / Volunteer Experience:</b>			
Organization	Dates	Position	Supervisor
Address			Telephone
Description of Responsibilities			

**Professional / Volunteer Experience (cont.):**

Organization	Date	Position	Supervisor
Address			Telephone
Description of Responsibilities			

**Licenses & Certifications**

Medical License (specify type)	State	Number	Expiration
Nursing License (specify type)	State	Number	Expiration
EMT/Paramedic License (specify type)	State	Number	Expiration
Other License (specify type)	State	Number	Expiration
Certification (list/describe)			Expiration
Certification (list/describe)			Expiration

Have you ever had your professional license suspended or revoked?  No  Yes (Please attach letter of explanation).  
 Have you ever been convicted of a felony, or a misdemeanor that resulted in imprisonment, that was not a first offense?  
 No  Yes

**Language Skills**

What is your first language?

Do you have additional language skills? (including sign language) Please circle your capabilities for each.

Language	Speak & Understand	Read & Translate	Write
Language	Speak & Understand	Read & Translate	Write

**Please list any disaster services training that you have received and/or your prior experience with disaster/crisis response.**

CPR Certification	Expiration
Additional Trainings (please describe)	

**References:** Please list three references who are familiar with your qualifications/experience. Do not list relatives.

Name	Phone Number
Address	
Name	Phone Number
Address	

**PLEASE SEND YOUR COMPLETED APPLICATION (AND/OR ANY QUESTIONS) TO:**

WINTHROP HEALTH DEPT. C/O JEAN MAGGIO 45 PAULINE ST., WINTHROP, MA 02152
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