



VOLUNTEER APPLICATION

Please print or type

Name						
Street Address (Mailing)						
City		State	Zip			
Home Phone	Work Phone	Cell Phone				
Email		Employer				
Type: Medical Professional: <input type="checkbox"/> Doctor <input type="checkbox"/> Nurse <input type="checkbox"/> Dentist <input type="checkbox"/> Pharmacist <input type="checkbox"/> Psychiatrist <input type="checkbox"/> Veterinarian		<input type="checkbox"/> Mental Health <input type="checkbox"/> Social Worker <input type="checkbox"/> EMT <input type="checkbox"/> Non Medical <input type="checkbox"/> Other _____ _____	Emergency contact information: Name: Address: Home #: Cell #:			
License or Certificate/Registration Number:		Languages:	Drivers License #:			
		State License Held:	Expiration Date:			
Level of Participation Desired: I prefer to be: <input type="checkbox"/> ACTIVE Receive notifications of ALL training opportunities, training drills & exercises, emergency events, as well as non-emergency volunteer opportunities <input type="checkbox"/> LIMITED Receive only notification of training drills & exercises and all emergency events						
Volunteer Interests: Check all that apply: Administration___ Public Safety___ Call Center___ Clinical___ Fundraising___ Database___ Newsletter Production___ Volunteer Coordination___ Behavioral Health___ Deliveries___ Clerical Help___						
A Criminal Background Check is required of all volunteers: I do hereby give the City of Bethlehem Medical Reserve Corps permission to release personal information with local, state and federal emergency management agencies and other Health and Human Service agencies as needed.						
Date of Birth ___/___/___ Social Security # _____ Signature _____ Date ___/___/___						
Location Preference for Responding: Check all that apply <table style="width:100%; border:none;"> <tr> <td style="width:30%; border:none;"> City of Bethlehem Only <input type="checkbox"/> </td> <td style="width:40%; border:none;"> Statewide - If you are interested in serving statewide please register through the state Department of Health at www.servepa.com <input type="checkbox"/> </td> <td style="width:30%; border:none;"></td> </tr> </table>				City of Bethlehem Only <input type="checkbox"/>	Statewide - If you are interested in serving statewide please register through the state Department of Health at www.servepa.com <input type="checkbox"/>	
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Signature			Date			

Privacy Act Statement

This information is requested by the City of Bethlehem 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 and all information will be kept in a secure manner.

