

DEPARTMENT OF HEALTH
CAROLINE CALDERONE BAISLEY
DIRECTOR OF HEALTH



GREENWICH, CT.



TOWN OF GREENWICH

To Volunteers Interested in Joining the Greenwich Medical Reserve Corps:

Thank you for your interest in volunteering for the Town of Greenwich Medical Reserve Corps (MRC). The Greenwich Department of Health is the host organization for the Medical Reserve Corps, which recruits both medical and non-medical public health volunteers in the community. The Medical Reserve Corps was designed by the Federal Government and is a specialized component of Citizen Corps, a national network of volunteers dedicated to ensuring hometown security. It is also a facet of the President's USA Freedom Corps. Presently there are 18 Medical Reserve Corps established in Connecticut with 6 residing in lower Fairfield County.

The Greenwich Department of Health is actively seeking the participation of volunteers to assist during public health emergencies and related health programs. The MRC program focuses on registering volunteers to staff mass dispensing clinics (e.g., dispensing antibiotics or vaccines) and to respond to threats ranging from pandemic influenza to bioterrorist attacks. However, the MRC could be activated for a wide range of support services needed in the community, such as health fairs and seasonal influenza clinics. It should be noted that when you actively volunteer as a member of the MRC, a level of liability protection is applied by the State of Connecticut.

All volunteers will receive training specific to their role and would be contacted to respond if their services are needed. It is anticipated that volunteers who assist at mass dispensing clinics would also be offered protective treatment if necessary.

Each volunteer will be required to fill out an application (which is attached). All information obtained will be strictly used for planning and response purposes by the Greenwich Department of Health and the State of Connecticut Department of Health. Signing up volunteers to be a part of an MRC allows the State to verify that Greenwich is prepared to respond to an emergency event should one occur.

Again, on behalf of the Greenwich Department of Health, I thank you for your interest and willingness to consider becoming an MRC volunteer for the Town of Greenwich.

Caroline Calderone Baisley
Director of Health

**All questions, concerns or inquiries
should be directed to:**

Joanna Lipson
Public Health Emergency Response Coordinator
E-Mail: Joanna.Lipson@greenwichct.org
Telephone: 203-622-3783

Greenwich Medical Reserve Corps

Medical Reserve Corps (MRC) Volunteer Application



*= REQUIRED FIELD

TITLE (<i>Mr, Mrs, Ms, etc.</i>)	* FIRST NAME	* LAST NAME	SUFFIX (<i>Jr, Sr, etc</i>)

WORK PHONE	* HOME PHONE	CELL PHONE	GENDER (M / F)

* DATE OF BIRTH (mm/dd/yyyy)	* OCCUPATION	WORK EMAIL	HOME EMAIL

* HOME ADDRESS - LINE 1

* HOME ADDRESS - CITY	* HOME ADDRESS - STATE	* HOME ADDRESS - ZIP

* EMERGENCY CONTACT: NAME, PHONE, RELATIONSHIP

<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> No <input type="checkbox"/> Yes, Explain:
Do you hold a current driver's license?	Do you have any limitations that you wish to share that would compromise your ability to take a certain assignment?

PRIMARY LANGUAGE	OTHER LANGUAGE(S) SPOKEN FLUENTLY (AND/OR FLUENCY IN SIGN LANGUAGE) <i>We are always looking for individuals who can provide translation services!!</i>

ARE YOU INTERESTED IN VOLUNTEERING FOR NON-EMERGENCY OPERATIONS SUCH AS SEASONAL FLU CLINICS AND HEALTH FAIRS?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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ARE YOU WILLING TO VOLUNTEER OUTSIDE OF THE GREENWICH MRC IN OTHER FAIRFIELD COUNTY MRCS?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Greenwich Medical Reserve Corps

EXPERIENCED AND NON-EXPERIENCED VOLUNTEERS ARE WELCOME. HOWEVER, PLEASE INDICATE ALL SPECIAL SKILLS, TRAINING, CERTIFICATIONS, AND/OR LICENSES THAT YOU HOLD (THIS MAY BE DIFFERENT FROM, OR IN ADDITION TO, YOUR OCCUPATION).

<u>Medical - LICENSED ONLY</u>	<u>Non-Medical</u>	
<input type="checkbox"/> Licensed MD/DO <input type="checkbox"/> Licensed PA <input type="checkbox"/> Licensed Nurse Practitioner <input type="checkbox"/> Licensed RN <input type="checkbox"/> Certified EMT <input type="checkbox"/> Licensed Paramedic <input type="checkbox"/> Licensed LPN <input type="checkbox"/> Licensed Pharmacist <input type="checkbox"/> Licensed Pharmacy Technician <input type="checkbox"/> Veterinarian DVM <input type="checkbox"/> Psychologist <input type="checkbox"/> Dentist DDS/DMD <input type="checkbox"/> Other: _____	<input type="checkbox"/> Home Health Aide <input type="checkbox"/> Homemaker <input type="checkbox"/> Medical Secretary <input type="checkbox"/> Nutritionist / RD <input type="checkbox"/> Clinical Social Worker <input type="checkbox"/> Attorney <input type="checkbox"/> Paralegal <input type="checkbox"/> Secretary <input type="checkbox"/> Teacher/Teacher's Aide <input type="checkbox"/> Guidance Counselor <input type="checkbox"/> School Administrator <input type="checkbox"/> Data Entry Personnel <input type="checkbox"/> Office Manager <input type="checkbox"/> Accountant <input type="checkbox"/> Human Resource Specialist <input type="checkbox"/> Purchasing Agent <input type="checkbox"/> IT Professional	<input type="checkbox"/> Police Officer <input type="checkbox"/> Firefighter <input type="checkbox"/> Food Service Worker <input type="checkbox"/> Telecommunication Worker <input type="checkbox"/> Audio-Visual Equipment Operator <input type="checkbox"/> Custodian <input type="checkbox"/> Day Care Provider <input type="checkbox"/> Bus Driver <input type="checkbox"/> Truck Driver <input type="checkbox"/> Ham Radio Operator <input type="checkbox"/> Communication Technician <input type="checkbox"/> Security Person <input type="checkbox"/> First Aid Trainer <input type="checkbox"/> Other: _____ _____ _____

• **FOR LICENSED/CERTIFIED PROFESSIONALS ONLY:**

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PLEASE PROVIDE YOUR LICENSE(S) OR CERTIFICATION NUMBER STATE EXPIRATION DATE

IT IS ANTICIPATED THAT DURING MASS DISPENSING (MEDICATION) OPERATIONS, CLINICS MAY OPERATE 24 HOURS PER DAY. THEREFORE, VOLUNTEERS WOULD BE ASKED TO WORK 8-12 HOUR SHIFTS. ***DURING AN EMERGENCY YOU MAY BE CONTACTED AT ANY TIME.*** HOWEVER, ***IF GIVEN A CHOICE***, PLEASE INDICATE WHICH TIMEFRAME YOU WOULD MOST LIKELY BE AVAILABLE TO VOLUNTEER (Check all that apply).

<input type="checkbox"/> DAYTIME(8AM - 4PM)	<input type="checkbox"/> EVENINGS(4PM - MIDNIGHT)	<input type="checkbox"/> OVERNIGHT (MIDNIGHT- 8AM)
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I HEREBY ATTEST THAT THE INFORMATION I HAVE PROVIDED IS ACCURATE TO THE BEST OF MY KNOWLEDGE. BY PROVIDING THIS INFORMATION I AGREE TO BE CONTACTED FOR PURPOSES OF RESPONDING TO A PUBLIC HEALTH EMERGENCY. I UNDERSTAND THAT MY MRC MEMBERSHIP IS COMPLETELY VOLUNTARY AND WITHOUT COMPENSATION. MY PARTICIPATION ALSO CAN BE ENDED AT ANY TIME BY DECISION FROM EITHER MYSELF OR BY THE TOWN OF GREENWICH MRC.

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*SIGNATURE

*DATE

THANK YOU FOR YOUR INTEREST IN VOLUNTEERING

PLEASE SUBMIT THIS SIGNED, COMPLETED APPLICATION TO THE GREENWICH DEPARTMENT OF HEALTH:

MAIL: Caroline C. Baisley
 Director of Health
 Greenwich Department of Health
 101 Field Point Road
 Greenwich, CT 06830