



A • V • M • R • C
ALLENTOWN VOLUNTEER **MEDICAL** RESERVE CORPS



Community Member Volunteer Application

Date of Application: _____

Which classification best describes you? (Choose one)

- Community Member (non-medical)
 Health Care Professional (medical)

Personal Information

Last Name:		Middle Name:	
First Name:		Nickname:	
Date of Birth (m/d/yyyy):			
Street Address:			
City:		State:	
Zip:		County:	
Mailing Address (if different):			
City / State / Zip:			
Note: Please enter at least one Phone No.			
Phone : Home _____ Work _____ Cell _____ <i>Circle the preferred number to reach you.</i>			
E-mail where you want to receive messages:			
Do you possess a valid driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No			
State:	Class:	Driver's License Number:	Expiration Date:

Employment Information

Place of Employment (previous if retired):
Work Address:
City / State / Zip:

Emergency Contact - Will be notified in case of an emergency.

Last Name:		First Name:	
Relationship:			
Street Address:			
City / State / Zip:			
Note: Please enter at least one Phone No.			
Phone : Home _____ Work _____ Cell _____ <i>Circle the preferred number to reach your emergency contact.</i>			

Additional Information

Languages:	Fluent?	Speak?	Read?	Write?
	<input type="checkbox"/> Yes <input type="checkbox"/> No			
	<input type="checkbox"/> Yes <input type="checkbox"/> No			
	<input type="checkbox"/> Yes <input type="checkbox"/> No			

Question	Comment
Are you willing to travel and volunteer outside of your county? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you willing to participate in a Federally coordinated emergency response? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Willing to provide translation service? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have ability to communicate using sign language? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you been immunized against Smallpox? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Year of most recent smallpox vaccination:	
Do you have any special needs or restrictions? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain.	
Are you committed to any other organization or institution, by virtue of employment or volunteerism, in the event of a public health emergency? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain.	
Do you have particular expertise and agree to be available for consultation or response throughout the state? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Has your professional license or certification ever been suspended or revoked in Pennsylvania or any other state? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Training/Continuing Education

Have you completed any training or continuing education programs in the following areas? If so, please check.

- | | |
|---|---|
| <input type="checkbox"/> Advanced Cardiac Life Support (ACLS)
<input type="checkbox"/> Hazardous Materials Training (HAZMAT) Biological
<input type="checkbox"/> Advanced Trauma Life Support (ATLS)
<input type="checkbox"/> Hospital Preparedness
<input type="checkbox"/> Basic Cardiac Life Support (BLS)
<input type="checkbox"/> Incident Command Training (ICS)
<input type="checkbox"/> Basic Disaster Life Support (BDLS)
<input type="checkbox"/> Isolation and Quarantine
<input type="checkbox"/> Blood borne Pathogens
<input type="checkbox"/> Mental Health Training for Disasters
<input type="checkbox"/> Pediatric Advanced Life Support (PALS) | <input type="checkbox"/> Citizen Emergency Response Team (CERT) Training
<input type="checkbox"/> Triage
<input type="checkbox"/> CPR/AED
<input type="checkbox"/> Exercise design and evaluation
<input type="checkbox"/> First Aid
<input type="checkbox"/> Venipuncture
<input type="checkbox"/> Fit Testing for Particulate Respirators
<input type="checkbox"/> Weapons of Mass Destruction (WMD) Training
<input type="checkbox"/> Chemical, Biological, Radiological, Nuclear & Explosive Training (CBRNE)
<input type="checkbox"/> Other- Please specify: _____
_____ |
|---|---|

Experience: Do you have any of the following skills?

- Clerical Work
- Phone Receptionist
- Data Entry
- Computer Skills
- Loading / Shipping
- Computer Networking
- Language Interpretation
- Translator / Linguist
- Managerial Services
- Counseling Skills
- Social Work
- Pastoral Care Professional
- Public Information Officer
- Office Management
- Crowd Management
- Desk Top Support
- Elderly / Disabled assistant
- Facility Management
- Lodging Services
- Search / Rescue
- First Aid
- CPR
- Food Services
- Specialty
- Interviewing
- Transportation
- Inventory Supplies / Equipment
- Volunteer Services
- Other, please specify: _____

Expectations of Allentown Volunteer Medical Reserve Corps Professional Health Volunteers

As a volunteer with the Allentown Volunteer Medical Reserve Corps (AVMRC), I will be called upon to assist in the event of a public health emergency. I agree to attend an educational program to explain my role 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 AVMRC. The information contained in this application is, to the best of my knowledge, truthful. I agree to serve my fellow citizens to the best of my professional ability.

I agree to the above statement: _____
Signature _____
Date

Note: Failure to agree to the above statement invalidates the application.

Please complete and return the application. Thank you.

<u>Mail to:</u>	<u>or</u>	<u>Fax to:</u>
Allentown Health Bureau 245 N. 6 th Street Allentown, PA 18102 ATTN: AVMRC		Allentown Health Bureau Fax: 610-437-8799 ATTN: AVMRC