



# Greater Franklin-Bristol Citizen Corps



Affiliated with Caring Community Network of the Twin Rivers  
841 Central Street Franklin, NH 03235  
Telephone: (603) 934-0177 X 136 Facsimile: (603) 934-2805  
E-mail: [dquinn@ccntr.org](mailto:dquinn@ccntr.org) [jrichardson@ccntr.org](mailto:jrichardson@ccntr.org)  
[www.gfbcertmrc.com](http://www.gfbcertmrc.com)

Please fax, email, or mail completed application to the address above c/o Donna Quinn, Coordinator

**VOLUNTEER APPLICATION**      **Date:** \_\_\_\_\_ **MRC**  **CERT**

### Personal Information

**Name:**  
*Last* *First* *MI*

**Address:**  
*Street* *Apt/Ste* *City* *State* *Zip Code*

Please identify the best sequence in which to contact you by circling the 1<sup>st</sup>, 2<sup>nd</sup> or 3<sup>rd</sup> under each number listed.

<b>Telephone:</b>	<i>Home</i> 1 <sup>st</sup> 2 <sup>nd</sup> 3 <sup>rd</sup>	<i>Work</i> 1 <sup>st</sup> 2 <sup>nd</sup> 3 <sup>rd</sup>	<i>Cell</i> 1 <sup>st</sup> 2 <sup>nd</sup> 3 <sup>rd</sup>	<i>Pager/Other</i>
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**E-mail (if available):**

<b>Date of Birth:</b> <i>mm/dd/yyyy</i>	<b>Social Security #:</b>
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<b>Emergency Contact:</b>	<i>Name</i>	<i>Relationship</i>	<i>Phone</i>	<i>Alt. Phone</i>
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Do you hold a current NH driver's license?     Y     N    NH DL#

### Professional Information

**ALL INTERESTED VOLUNTEERS ARE WELCOME!**

<b>Employment:</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Employer (if applicable)</i>	<i>FT</i>	<i>PT</i>	<i>Retired</i>

Check your skills (all that apply):

<input type="checkbox"/> First Responder Experience	<input type="checkbox"/> Physician Assistant
<input type="checkbox"/> Physician __MD__DO	<input type="checkbox"/> Nurse Practitioner
<input type="checkbox"/> Nurse: __RN__LPN__LNA	<input type="checkbox"/> Educator (health/other)
<input type="checkbox"/> EMT: __Paramedic__Intermediate__Basic	<input type="checkbox"/> Administrative Support
<input type="checkbox"/> Dental: __Dentist__Dental Assistant__Hygienist	<input type="checkbox"/> Therapist: _____

Please complete both sides of application.

Laboratory: \_\_\_Medical Technologist\_\_\_Medical Technician       Other:

<b>Certification:</b>		<b>Certification#:</b>	
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<b>Prescriptive Authority?</b> <input type="checkbox"/> Y <input type="checkbox"/> N	<b>Current</b> <input type="checkbox"/> CPR <input type="checkbox"/> First Aid <input type="checkbox"/> Disaster Preparedness
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**Specialty Area(s):**

**Hospital/healthcare system affiliation?**     Y     N  
**Name:**

**Helpful Information (optional)**  
**Are you part of any other emergency/disaster response/alert system?**     Y     N

<input type="checkbox"/> American Red Cross	<input type="checkbox"/> Salvation Army	<input type="checkbox"/> Citizen Corps CERT	<input type="checkbox"/> NSP
<input type="checkbox"/> Other:			

Do you speak a foreign language? <input type="checkbox"/> Y <input type="checkbox"/> N	Sign language? <input type="checkbox"/> Y <input type="checkbox"/> N
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Please list

Language	Fluent	Well	Fair	Slight
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Teaching Experience? <input type="checkbox"/> Y <input type="checkbox"/> N	Leadership Experience? <input type="checkbox"/> Y <input type="checkbox"/> N
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**I prefer to:** *(check all that apply)*   

Prepare for service in a local emergency/disaster only	<input type="checkbox"/>
Prepare for service in local and/or distant emergency/disaster	<input type="checkbox"/>
Participate in community health initiatives	<input type="checkbox"/>
Participate in a leadership role	<input type="checkbox"/>
Participate in a teaching/training role	<input type="checkbox"/>

Do you have family obligations to consider before responding to an emergency?     Y     N

**Thank You!**

**All information is held confidential and is for the strict use of the Greater Franklin/Bristol Citizen Corps. It will not be shared with any other organization, for any reason, without the expressed written consent of the individual applicant. In compliance with the Privacy Act of 1974.**