NORWOOD VOLUNTEER MEDICAL CORPS

NORWOOD HEALTH DEPARTMENT

Norwood Town Hall, PO Box 40, 566 Washington Street Norwood Ma 02062
Telephone: 781-762-1240
www.ci.norwood.ma.us

VOLUNTEER APPLICATION

Name:

Last First MI

Address:

Street City State Zip

Phone:

Home Work Cell

E-mail Pager

During which hours might you be available to attend trainings?

_____ Weekday mornings _____ Weekday afternoons _____ Weekday evenings

_____ Weekend mornings _____ Weekend afternoons _____ Weekend evenings

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 of a misdemeanor that resulted in imprisonment, which was not a first offense?

_____ No _____ Yes

What are you volunteering for?

Emergencies ONLY: _____

Emergencies AND Non-emergencies (i.e. Flu clinics, health education): _____

Local Volunteer ONLY: _____ Regional Volunteer ONLY: _____ BOTH local and Regional Volunteer: _____

Language Fluency in addition to English, including sign language. Please circle your capabilities for each.

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

Questions? Call 617-416-6545 or e-mail **beustis@gmail.com**