

**WESTPORT WESTON
HEALTH DISTRICT**

180 Bayberry Lane
Westport, CT 06880

www.wwhd.org

Mark A. R. Cooper
Director of Health
203-227-9571

Westport Weston Wilton



**WILTON HEALTH
DEPARTMENT**

238 Danbury Road
Wilton, CT 06897

www.wiltonct.org

Barrington Bogle
Director of Health
203-563-0174

To Individuals Interested in Volunteering with the Westport Weston Wilton Medical Reserve Corps:

Thank you for your interest in volunteering to respond during public health emergencies. The Westport Weston Health District is the housing organization for the Westport Weston Wilton Medical Reserve Corps (MRC), which provides both medical and non-medical public health volunteers in our communities. The Medical Reserve Corps is sponsored by the Office of the Surgeon General and is a specialized component of Citizen Corps, a national network of volunteers dedicated to ensuring hometown security and a facet of the President's USA Freedom Corps.

The Westport Weston Health District and Wilton Health Department actively seek the participation of volunteers to assist during public health emergencies. We are focused on registering volunteers to staff mass dispensing clinics (e.g., dispensing antibiotics or vaccines) to respond to threats ranging from pandemic influenza to bioterrorist attacks. However, our MRC could be activated for a wide range of support services in response to any major emergency.

Volunteers receive training specific to their role and would be contacted to respond if their services were needed. It is anticipated that all volunteers at mass dispensing clinics will receive vaccines/medications during the first day of clinic operations.

Please complete the following application to assist us in processing your registration as a volunteer. The information obtained remains confidential and is maintained strictly for planning and response purposes. We are also required to submit this information to the State of Connecticut Department of Public Health (DPH). This permits the DPH to verify that the Westport Weston Health District and Wilton Health Department are prepared in the event of a public health emergency. Your information will not be utilized outside of public health planning and response purposes.

Again, on behalf of both the Westport Weston Health District and the Wilton Health Department, I thank you for your interest and willingness to become a volunteer.

Sincerely,

Monica K. Wheeler
Director
Westport Weston Wilton MRC

Andrew Kingsbury
Emergency Management Director
Westport

Mike Ferullo
Emergency Management Director
Weston

Mark Amatrudo
Acting Emergency Management
Director Wilton

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* = REQUIRED FIELD

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

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*DRIVERS LICENSE NUMBER WORK PHONE * HOME PHONE CELL PHONE

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WORK FAX NUMBER HOME FAX NUMBER WORK EMAIL HOME EMAIL

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* EMERGENCY CONTACT: NAME, PHONE, RELATIONSHIP

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* HOME ADDRESS - LINE 1

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

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GENDER (M / F) * DATE OF BIRTH (mm/dd/yyyy) * OCCUPATION

<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> No <input type="radio"/> Yes, Explain:
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Do you hold a current driver's license?

Do you have any physical limitations that you wish to share that would limit your ability to participate as a volunteer?

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PRIMARY LANGUAGE

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

ARE YOU INTERESTED IN VOLUNTEERING FOR NON-EMERGENCY OPERATIONS, SUCH AS AT SEASONAL FLU CLINICS AND HEALTH FAIRS?	<input type="checkbox"/> YES <input type="checkbox"/> NO
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CONTINUED →

NO EXPERIENCE IS NECESSARY. HOWEVER, PLEASE INDICATE **ANY** SPECIAL SKILLS, TRAINING, CERTIFICATIONS, AND/OR LICENSES THAT YOU HOLD (THIS MAY BE DIFFERENT FROM, OR IN ADDITION TO, YOUR OCCUPATION.)

<u>Medical</u>	<u>Non-Medical</u>	
<ul style="list-style-type: none"> Ⓐ First Aid Training Ⓐ Licensed MD / DO Ⓐ Licensed PA Ⓐ Licensed Nurse Practitioner Ⓐ RN Ⓐ Certified EMT Ⓐ Licensed Paramedic Ⓐ Licensed LPN Ⓐ Licensed DDS Ⓐ Licensed Pharmacist Ⓐ Licensed Pharmacy Technician Ⓐ Veterinarian Ⓐ Psychologist Ⓐ Dentist Ⓐ Other: _____ 	<ul style="list-style-type: none"> Ⓐ Home Health Aide Ⓐ Homemaker Ⓐ Medical Secretary Ⓐ Nutritionist / RD Ⓐ Clinical Social Worker Ⓐ Attorney Ⓐ Paralegal Ⓐ Secretary Ⓐ Teacher/Teacher's Aide Ⓐ Guidance Counselor Ⓐ School Administrator Ⓐ Data Entry Personnel Ⓐ Office Manager Ⓐ Accountant Ⓐ Human Resource Personnel Ⓐ Purchasing Agent Ⓐ IT Professional 	<ul style="list-style-type: none"> Ⓐ Food Service Worker Ⓐ Telecommunications Ⓐ Audio-Visual Equipment Ⓐ Custodian Ⓐ Day Care Provider Ⓐ Bus Driver Ⓐ Truck Driver Ⓐ Ham Radio Operator Ⓐ Communications Ⓐ Security Ⓐ Other: _____ _____ _____ _____ _____

*** FOR LICENSED/CERTIFIED PROFESSIONALS:**

PLEASE PROVIDE YOUR LICENSE OR CERTIFICATION #	STATE	EXPIRATION DATE

IT IS ANTICIPATED THAT DURING MASS DISPENSING (ANTIBIOTIC/VACCINE) OPERATIONS, CLINICS WILL BE NEEDED TO OPERATE UP TO 24 HOURS PER DAY. IT IS ANTICIPATED THAT VOLUNTEERS WOULD BE ASKED TO WORK 8-12 HOUR SHIFTS. ***DURING AN EMERGENCY, WE MAY CONTACT YOU AT ANY TIME.*** HOWEVER, ***IF GIVEN A CHOICE,*** PLEASE INDICATE WHICH SHIFT(S) YOU WOULD MOST LIKELY BE AVAILABLE TO WORK (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 CONSENT TO BEING CONTACTED FOR PURPOSES OF PUBLIC HEALTH PLANNING AND RESPONSE. I UNDERSTAND THAT MEMBERSHIP IS ENTIRELY VOLUNTARY AND MY MEMBERSHIP CAN BE DISCONTINUED AT ANY TIME BY EITHER MYSELF OR THE WESTPORT WESTON WILTON MRC.

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*** SIGNATURE**

*** DATE**

THANK YOU FOR YOUR INTEREST IN VOLUNTEERING

PLEASE SUBMIT THIS COMPLETED APPLICATION TO THE WESTPORT WESTON HEALTH DISTRICT:

MAIL: WESTPORT WESTON HEALTH DISTRICT
EMERGENCY PREPAREDNESS DIVISION
180 BAYBERRY LANE
WESTPORT, CT 06880

FAX: 203-221-7199

IF YOU HAVE QUESTIONS, CONCERNS, OR FOR FURTHER INFORMATION, PLEASE CONTACT:

MARK A. R. COOPER
DIRECTOR OF HEALTH
203-227-9571 Ext. 244

MONICA WHEELER
DIRECTOR OF COMMUNITY HEALTH
203-227-9571 Ext. 242