

**Somerset County Department of Health
Somerville, NJ**

HEALTH PROFESSIONAL VOLUNTEER APPLICATION

Thank you for your willingness to be considered a volunteer for the Somerset County Health Department. By providing us with the following information, you will be included on a list of Somerset County professionals that may be called upon in the event of a public health emergency. This may include assisting essential personnel and first responders. Training for any expected responsibilities would be provided. We commend you and thank you for making the decision to help protect the health of the Somerset community.

Please print your responses:

Last Name: _____ First: _____ DOB: ___/___/___

Address: _____ Town _____ State: _____ Zip: _____

Phone: (H) _____ (W): _____ (Cell): _____

E-Mail: _____

If employed, list Employer: _____ Location _____

Position/Title _____

In the event of an emergency do you have a responsibility to represent any other organizations?

YES NO

I am Retired If retired, do you maintain a current license? YES NO

I am a:

Physician Nurse Practitioner Nurse Physician Assistant Pharmacist

Laboratory Worker Emergency Responder Mental Health Counselor Social Worker

Veterinarian Other _____

License # _____

State(s) License(s) Held: _____

Has your license EVER been revoked or suspended for any reason? YES NO

Languages Spoken (other than English):

Spanish Portuguese Chinese Polish Hindi Other _____

Have you participated in any way in a local health department's smallpox vaccination program for healthcare workers? YES NO

Are you currently registered as an active member of any volunteer response organization (ie, American Red Cross, National Guard, CERT etc.) ?

NO Yes If yes, what organization/town? _____

Are you also willing to register or be registered for the New Jersey Medical Reserve Corps (www.njmrc) as a resident in Somerset County? NO YES

If yes, please take a moment to review the state website for further information. If you agree to this question, your name may be automatically transferred into the state database. There are additional liability advantages to signing up for the state website however you are under NO obligation to volunteer outside of your own town or county.

Do you have any physical condition or medical problem that may limit your ability to perform certain duties? If yes, please explain. Yes No

THANK YOU for your willingness to help in this countywide emergency planning effort. If you have any questions, please contact Lucille Y-Talbot at (908) - 231-7155.

Volunteer Signature: _____ Date: _____

Please return completed form with a copy of your license to:

Lucille Y-Talbot, MRC Coordinator
Somerset County Health Department
P.O. Box 3000, 27 Warren Street, Somerville, NJ 08876-1262

Upon receipt of application, your name will be entered into our database of volunteers and included on our LISTSERVE. We will notify you about our basic training dates, times and any other additional training opportunities.

For Office Use Only

Date Received _____
Response mailed _____
Entered _____