

**Warren County Health Department**  
**315 W. Washington Avenue, Washington New Jersey 07882**  
**Phone: (908) 689-6693 Fax: (908) 689-3832**  
<http://www.co.warren.nj.us/healthdept/>



**Community Volunteer Registration Form**

**Personal Information- Please Print Clearly**

Last Name	First Name	Middle Name	Nickname
Date of Birth: (Month/Day/Year)			
Street Address	City	State	Zip Code
Mailing Address (If Different) Street	City	State	Zip Code
Home Phone Number		Home Fax Number	
Cell Phone Number		Pager number	
Home E-mail Address			
*Driver's license Number	Expiration Date	Class	State

**Emergency Contact-Will be notified if case of an emergency.**

Last Name	First Name	Relationship
Street Address	City	State
		Zip Code
Home Phone Number		Work Phone Number
Cell Phone Number		Pager Number

**Employment Information**

Place of Employment:			
Work Address	City	State	Zip Code
Work Phone Number		Work E-Mail Address	
Occupation			

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**Additional Information:**

Are you willing to travel and volunteer outside of your county? Yes \_\_\_ No \_\_\_  
 Your Primary Language \_\_\_\_\_ Fluent \_\_\_ Speak \_\_\_ Read \_\_\_  
 Other Language (s) \_\_\_\_\_ Fluent \_\_\_ Speak \_\_\_ Read \_\_\_  
 Are you willing to provide translation service? Yes \_\_\_ No \_\_\_  
 Do you have the ability to communicate using Sign Language? Yes \_\_\_ No \_\_\_  
 Have you ever been vaccinated for smallpox? Yes \_\_\_ No \_\_\_  
 If yes, what is the year of your most recent vaccination? \_\_\_\_\_  
 Do you have any special needs or restrictions? If so, please explain.  
 \_\_\_\_\_  
 \_\_\_\_\_

Are you an active member of an emergency services or emergency relief organization, institution or other commitments in the event of an emergency?  
 No \_\_\_\_\_ Yes \_\_\_\_\_ If yes, please explain.  
 \_\_\_\_\_

Do you have a particular expertise, and if so would you agree to be available for consultation or respond throughout the state? No \_\_\_\_\_ Yes \_\_\_\_\_  
 If yes, please explain \_\_\_\_\_  
 \_\_\_\_\_

**Experience: Do you have any of the following skills?**

Computer Networking ___	Lodging Services ___	Phone Receptionist ___
Computer Skills ___	Loading/Shipping ___	Social Work ___
Crowd Management ___	Managerial Services ___	Clerical Work ___
Data Entry ___	Office Management ___	Transportation ___
Counseling Skills ___	Facility Management ___	Volunteer Services ___
First Aid ___	Search & Rescue ___	Food Services ___
Interviewing ___	Desk Top Support ___	Inventory Supplies ___
Crowd Management ___	Language Interpretation ___	CPR ___
Specialty? _____	Loading/Shipping ___	Elderly Assistant ___

**Training/Continuing Education;**

Have you ever participated in any training or continuing education programs in the following areas? If yes, please check.

Advanced Cardiac Life Support ___	Hazardous Materials Training ___
Advanced Life Support ___	Hospital Preparedness ___
Basic Disaster Life Support ___	Incident Command ___
Bloodborne Pathogens ___	Mental Health Training ___
CBRNE Training ___	Pediatric Life Support ___

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OSHA Bloodborne Pathogens _____	Vaccination Administration _____
CERT Training _____	Triage _____
CPR/AED _____	Vaccination Administration _____
Exercise Design & Evaluation _____	Smallpox Vaccination _____
First Aid _____	Venipuncture _____
Fit Testing for Particulate Respirators _____	Isolation & Quarantine _____
Weapons of Mass Destruction _____	

**Expectations of Medical Reserve Corps Community Health Volunteers**

**As a volunteer with the New Jersey Medical Reserve Corps, 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 the NJ Medical Reserve Corps. 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 ability.**

<b>Signature</b>	<b>Date</b>
<b>Print Name</b>	<b>Volunteer Position</b>

**I give my permission for my name and information to be entered into the New Jersey Medical Reserve Corps Data Base.**

<b>Signature</b>	<b>Date</b>
<b>Print Name</b>	<b>Volunteer Position</b>