



BEDFORD CITIZEN CORPS (BCC) VOLUNTEER APPLICATION AND CORI REQUEST FORM



Please print or type

Name (Last, First, Middle):		Eye Color:	Sex:
Street Address (Mailing):		Height:	Weight:
City:	State:	Zip:	
Home Phone:	Work Phone:	Cell Phone:	
Email:		Place of Birth:	
Your Maiden Name or Alias (if applicable):			
Mother's full name (incl. Maiden name):		Father's full name:	
Emergency contact information			
Name:	Address:	Home #:	Cell #:
Please indicate other languages you speak besides English:		Driver's License # and state of issuance:	
All Volunteers will be required to acquire and maintain current Core Certifications in First Aid, CPR and Incident Command Structure (ICS 100). Access to these trainings will be provided. In addition to the Core Certifications, BCC volunteers will be required to attend 3 additional trainings in the Track(s) they choose to specialize in.			
Volunteer Tracks - Check all that are of interest and will receive training in:			
<input type="checkbox"/> Clinical <input type="checkbox"/> Clerical/Administrative <input type="checkbox"/> Inventory/Database Management <input type="checkbox"/> Shelter Staffing			
<input type="checkbox"/> Traffic and Crowd Management for Planned Events <input type="checkbox"/> Emergency Response Support			
<input type="checkbox"/> Home Emergency Preparedness and Training <input type="checkbox"/> Emergency Dispensing Site Operations			
If you maintain any of the following professional certifications, please check the applicable box and indicate license number and expiration date:			
<input type="checkbox"/> Doctor <input type="checkbox"/> Nurse <input type="checkbox"/> Dentist <input type="checkbox"/> Pharmacist <input type="checkbox"/> Psychiatrist <input type="checkbox"/> Veterinarian <input type="checkbox"/> Social Worker			
<input type="checkbox"/> Mental Health Provider <input type="checkbox"/> EMT <input type="checkbox"/> Other: _____			
Professional License or Certificate/Registration Number: _____		Exp. Date: _____	
Level of Participation Desired:			
<input type="checkbox"/> Limited - Trainings, drills, exercises and emergency events			
<input type="checkbox"/> Active - Trainings, drills, exercises, emergency events and non-emergency volunteer opportunities.			
Location Preference for Responding: <input type="checkbox"/> Bedford Only <input type="checkbox"/> Bedford and Surrounding Towns			
Criminal and Sexual Offender Background Checks are required of all BCC volunteers.			
"I do hereby give the Bedford Citizen Corps, through the Region 4A Medical Reserve Corps, permission to release personal information to local, state and federal emergency management agencies and other Health and Human Service agencies as needed."			
Date of Birth ____/____/____		Social Security (last six digits) # _____ - _____	
Signature _____		Date ____/____/____	

Privacy Act Statement

This information is requested by the Bedford Citizen Corps and is for the purpose of organizing volunteers and staff to respond to public health emergencies. It will not be utilized or released for any other purpose without your express written permission unless required by law and all information will be kept in a secure manner.

Return To:
Bedford Health Department
12 Mudge Way, Bedford, MA 01730
Telephone: 781-275-6507 or Email: health@bedfordma.gov