



MILTON VOLUNTEER MEDICAL CORPS

MILTON BOARD OF HEALTH

525 Canton Avenue, Milton, MA 02186

Telephone: 617-898-4886 Facsimile: 617-696-5172

www.townofmilton.org

VOLUNTEER APPLICATION

Name:			
Last	First	MI	

Address:			
Street	City	State	Zip

Phone:			
Home	Work	Cell	

E-mail			Pager
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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: _____	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