



Town of Randolph, Massachusetts

Board of Health

1 Turner Lane
RANDOLPH, MASSACHUSETTS 02368

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Members:

Mark Kittredge, Chair
Thomas Fisher, V. Chair
Dr. David Kaplan, CHO, RS, Member

Priscilla MacDougall, Clerk
John McVeigh, Director PH

Randolph Medical Reserve Corps Volunteer Application

If you are interested in volunteering please fill out this application and mail it back to the address above

Randolph Medical Reserve Corps

Name: _____

Address: _____

City: _____

State: _____ Zip: _____ Phone: _____

(Home) _____ (Work): _____ Contact in an
emergency: _____ Phone: _____

E-Mail Address: _____

I. Skills and Interests

Education: Degree _____ Institution _____ Dates Attended _____ License(s) Held _____

Languages spoken fluently _____ Hobbies, skills, and interests _____

Occupation: _____

Employer: _____ Address: _____

Phone: _____

II. Experience (paid and volunteer, beginning with the most recent) Position Organization Dates

III. Volunteering Preferences

Is there a particular type of volunteer service in which you are interested? _____

Availability Sun Mon Tues Wed Thurs Fri Sat Morning Afternoon Evening Anytime

Do you have access to a vehicle that you can use for volunteer work? ____ Yes ____ No How did you hear about our agency? _____

IV. References

Give the names and contact information for three people (not relatives) who know you well enough and can attest to your character.

- 1. Name _____ Address _____ Phone _____
- 2. Name _____ Address _____ Phone _____
- 3. Name _____ Address _____ Phone _____

V. Verification Consent for Reference and Waiver of Liability

I verify that the above information is accurate to the best of my knowledge. I have no Felony convictions in Massachusetts or any other State or Country and I am medically fit to serve the volunteer Medical Reserve Corps.

I hold Randolph Medical Reserve Corps harmless of any liability, criminal or civil that may arise as a result of my volunteering for this organization .I understand that the Randolph Medical Reserve Corps may require a CORI check and verification of my volunteer application.

Signature Date _____ Date: _____