



VOLUNTEER APPLICATION
WELLESLEY MEDICAL RESERVE CORPS (MRC)

WELLESLEY HEALTH DEPARTMENT
 Annie F. Warren Bldg., 90 Washington St. Wellesley, MA 02481
 Telephone: (781) 235-0135 Facsimile: (781) 235-4685
 Website: www.wellesleyma.gov/health

| | | |
|--------------|-------|----|
| Name: | | |
| Last | First | MI |

| | | | |
|-----------------|------|-------|-----|
| Address: | | | |
| Street | City | State | Zip |

| | | |
|---------------|------|-------|
| Phone: | | |
| Home | Work | Cell |
| E-mail | | Pager |

| | | |
|---|--------------------------|------------------------|
| 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 _____ (If 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 _____ |

| | | | |
|--|--------------------|------------------|-------|
| 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 |

| | |
|-----------|-------|
| _____ | _____ |
| Signature | Date |