

Town of Stratford
HEALTH DEPARTMENT
468 Birdseye Street
Stratford, CT 06615-6905
www.townofstratford.com/health

Lisa Pippa
Director of Health
203-385-4090

Stratford-Trumbull-Monroe



TRUMBULL-MONROE
HEALTH DISTRICT
5892 Main Street
Trumbull, CT 06611

Patrice Sulik
Director of Health
203-452-5195

To Individuals Interested in Volunteering with the Stratford-Trumbull-Monroe Medical Reserve Corps:

Thank you for your interest in volunteering to respond during public health emergencies. The Stratford Health Department facilitates the volunteer application and registration process for the Stratford-Trumbull-Monroe Medical Reserve Corps (MRC), which provides both medical and non-medical public health volunteers to the Towns of Stratford, Trumbull and Monroe. The Medical Reserve Corps is sponsored by the Office of the Surgeon General and is a specialized component of Citizen Corps, a national network of volunteers dedicated to ensuring hometown security and a facet of the President's USA Freedom Corps.

The Town of Stratford Health Department and Trumbull-Monroe Health District actively seek the participation of volunteers to assist during public health emergencies. We are focused on registering volunteers to staff mass dispensing clinics (e.g., dispensing antibiotics or vaccines) to respond to threats ranging from pandemic influenza to bioterrorist attacks. Volunteers receive training specific to their role and would be contacted to respond if their services were needed. It is anticipated that all volunteers at such clinics will receive vaccines/medications during the first day of clinic operations.

Please complete the following application to assist us in processing your registration as a volunteer. The information obtained remains confidential and is maintained strictly for planning and response purposes. We are also required to submit this information to the State of Connecticut Department of Public Health (DPH). This permits the DPH to verify that the Stratford Health Department and Trumbull-Monroe Health District are prepared in the event of a public health emergency. Your information will not be utilized outside of public health planning and response purposes.

Again, on behalf of both the Stratford Health Department and the Trumbull-Monroe Health District, we thank you for your interest and willingness to become a volunteer.

Sincerely,

Andrea Boissevain
Assistant Director of Health &
Emergency Preparedness Coordinator
Stratford Health Department

Lisa Pippa
Director of Health
Stratford Health Department

Patrice Sulik
Director of Health
Trumbull-Monroe Health District



STRATFORD-TRUMBULL-MONROE MEDICAL RESERVE CORPS VOLUNTEER APPLICATION

WHILE I UNDERSTAND THAT I MAY BE CALLED UPON TO SUPPORT ANY OF THESE COMMUNITIES, I WOULD PREFER TO VOLUNTEER FOR:	<input type="radio"/> STRATFORD HEALTH DEPARTMENT <input type="radio"/> TRUMBULL MONROE HEALTH DISTRICT <input type="radio"/> EITHER / BOTH EQUALLY
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* = REQUIRED FIELD

TITLE <i>(Mr, Mrs, Ms, etc.)</i>	* FIRST NAME	* LAST NAME	SUFFIX <i>(Jr, Sr, etc)</i>

OPTIONAL: <u>LAST 4 DIGITS ONLY</u> OF EITHER:	<input type="checkbox"/> SOCIAL SECURITY NUMBER	<input type="checkbox"/> DRIVER'S LICENSE NUMBER
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PAGER NUMBER	WORK PHONE	* HOME PHONE	CELL PHONE

WORK FAX NUMBER	HOME FAX NUMBER	WORK EMAIL	HOME EMAIL

HOME ADDRESS - LINE 1

HOME ADDRESS - LINE 2

HOME ADDRESS - CITY	HOME ADDRESS - STATE	HOME ADDRESS - ZIP

<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	*DATE OF BIRTH (mm/dd/yyyy)	OPTIONAL: ETHNICITY (Information requested by DPH) <input type="checkbox"/> HISPANIC / LATINO <input type="checkbox"/> ASIAN <input type="checkbox"/> AFRICAN AMERICAN <input type="checkbox"/> HAWAIIAN <input type="checkbox"/> AMERICAN INDIAN <input type="checkbox"/> CAUCASIAN / WHITE
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* OCCUPATION

<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Do you hold a current driver's license?	Do you have any physical limitations that would limit your ability to participate as a volunteer?

PRIMARY SPOKEN LANGUAGE	OTHER LANGUAGE(S) SPOKEN FLUENTLY (AND/OR FLUENCY IN SIGN LANGUAGE) <i>We are always looking for individuals who can provide translation services!!</i>

CONTINUED →

ARE YOU INTERESTED IN VOLUNTEERING FOR NON-EMERGENCY OPERATIONS, SUCH AS AT FLU CLINICS AND HEALTH FAIRS?

YES NO

NO EXPERIENCE IS NECESSARY. HOWEVER, PLEASE INDICATE ANY SPECIAL SKILLS, TRAINING, CERTIFICATIONS, AND/OR LICENSES THAT YOU HOLD (THIS MAY BE DIFFERENT FROM OR IN ADDITION TO YOUR OCCUPATION.)

Medical

- First Aid Training
- Licensed MD / DO
- Licensed PA
- Licensed Nurse Practitioner
- RN
- Certified EMT
- Licensed Paramedic
- Licensed LPN
- Licensed DDS
- Licensed Pharmacist
- Licensed Pharmacy Technician
- Veterinarian
- Psychologist
- Other:

Non-Medical

- Home Health Aide
- Home Maker Assistant
- Medical Secretary
- Nutritionist / RD
- Clinical Social Worker
- Attorney
- Paralegal
- Secretary
- Teacher/Teacher's Aide
- Guidance Counselor
- School Administrator
- Data Entry Personnel
- Office Manager
- Accountant
- Human Resource Personnel
- Purchasing Agent
- IT Professional
- Telecommunications
- Audio-Visual Equipment
- Custodian
- Day Care Provider
- Electrician
- Plumber
- Mechanic
- Bus Driver
- Truck Driver
- Ham Radio Operator
- Librarian
- Communications
- Pet Sitter
- Security
- Other:

* FOR LICENSED/CERTIFIED PROFESSIONALS:

PLEASE PROVIDE YOUR LICENSE OR CERTIFICATION #	STATE	EXPIRATION DATE

IT IS ANTICIPATED THAT DURING MASS DISPENSING (ANTIBIOTIC/VACCINE) OPERATIONS, CLINICS WILL BE NEEDED TO OPERATE UP TO 24 HOURS PER DAY. IT IS ANTICIPATED THAT VOLUNTEERS WOULD BE ASKED TO WORK 8-12 HOUR SHIFTS. ***IF GIVEN A CHOICE***, PLEASE INDICATE WHICH SHIFT(S) YOU COULD WORK (Check all that apply.)

<input type="checkbox"/> DAYTIME(8AM-4PM)	<input type="checkbox"/> EVENINGS (4PM-MIDNIGHT)	<input type="checkbox"/> OVERNIGHT (MIDNIGHT-8AM)
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I HEREBY ATTEST THAT THE INFORMATION I HAVE PROVIDED IS ACCURATE TO THE BEST OF MY KNOWLEDGE. BY PROVIDING THIS INFORMATION I CONSENT TO BEING CONTACTED FOR PURPOSES OF PUBLIC HEALTH PLANNING AND RESPONSE.

SIGNATURE	DATE
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THANK YOU FOR YOUR INTEREST IN VOLUNTEERING

PLEASE SUBMIT THIS COMPLETED APPLICATION TO THE STRATFORD HEALTH DEPARTMENT:

MAIL: STRATFORD HEALTH DEPARTMENT
 PUBLIC HEALTH EMERGENCY PREPAREDNESS
 468 BIRDSEYE ST
 STRATFORD, CT 06615

FAX: 203-381-2048

IF YOU HAVE QUESTIONS, CONCERNS, OR FOR FURTHER INFORMATION, PLEASE CONTACT US:

LISA PIPPA
 DIRECTOR OF HEALTH
 TOWN OF STRATOFRD
 203-385-4090

ANDREA BOISSEVAIN
 ASSISTANT DIRECTOR OF HEALTH &
 EMERGENCY PREPAREDNESS COORDINATOR
 TOWN OF STRATFORD
 203-385-4090