



MILFORD Volunteer Application

Date: _____

PERSONAL INFORMATION:

Last Name: _____ First Name: _____ M.I. _____

Local Address: _____ (Street Address) (City) (Zip code)

Mailing Address: _____ (If Different) (Street Address/PO Box) (City/State) (Zip Code)

Primary Phone: _____ Work [] Cell [] Home []

Secondary Phone: _____ Work [] Cell [] Home []

Email address: _____ Date of Birth: _____

Do you have reliable transportation? Yes [] No []
Do you have a valid driver's license? Yes [] No [] State: _____ Class _____

General Availability: (Please check the timeframes for which you are generally available. This will aid in planning but is not a commitment from you.)

Table with 8 columns: Day, Monday, Tuesday, Wednesday, Thursday, Friday, Saturday, Sunday. Rows: Day, Evening, Overnight.

Other restrictions or information about your availability: _____

EMPLOYMENT INFORMATION:

Name of Current Employer: _____ Location (town): _____

Can you leave work to response? Yes [] No []
If yes, what is the best way to contact you there? _____

RELEVANT WORK OR VOLUNTEER EXPERIENCE:

Name of Company: _____ Title: _____
Dates of Experience: _____ Supervisor: _____ Phone: _____
Duties: _____

RELEVANT EXPERIENCE: (cont)

Name of Company: _____ Title: _____
Dates of Experience: _____ Supervisor: _____ Phone: _____
Duties: _____

PROFESSIONAL REFERENCE: (employer or supervisor preferred)

Name/Title: _____ Phone: _____
Business Name/Address: _____

SPECIAL SKILLS:

- | | |
|--|---|
| <input type="checkbox"/> EMT / Paramedic | <input type="checkbox"/> Administrative |
| <input type="checkbox"/> CPR / First Aid | <input type="checkbox"/> Carpentry |
| <input type="checkbox"/> NIMS / ICS | <input type="checkbox"/> Public speaking |
| <input type="checkbox"/> Medical training (RN, MD) | <input type="checkbox"/> Trailer or heavy machinery operation |
| <input type="checkbox"/> Translator : _____ | <input type="checkbox"/> Computer skills |
| <input type="checkbox"/> Animal Control or Natural Resources | <input type="checkbox"/> Fundraising |
| <input type="checkbox"/> Other: _____ | |
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MORE ABOUT YOU:

Please tell us in your own words why you would like to be a volunteer:

What Volunteer Opportunities and/or Programs interest you? Check all that apply:

- | | |
|---|--|
| <input type="checkbox"/> Office Work | <input type="checkbox"/> Public Education and Outreach Program |
| <input type="checkbox"/> Fundraising/Event Planning | <input type="checkbox"/> Commodity Distribution |
| <input type="checkbox"/> MassCare Shelter Operation | <input type="checkbox"/> Office Intern Program |

Signature: _____ Date: _____

- *After you submit your application for review (to the address at the bottom of this page), Emergency Management staff will notify you of the status of your application. If you are accepted, you must then attend one of our biannual Volunteer Response Team training sessions..*
- *Upon completion of the initial training session, you must also read and sign the "Release from Liability" form to become an active volunteer.*
- *If any of the contact information you have provided on this application changes, it is your responsibility to contact Milford Emergency Management with the updated information.*

For Office Use Only		
CPR		
First Aid		
IS 700		
ICS 100		
ARC Shelter		
CORI		