



Bristol-Norfolk Medical Reserve Corps, Inc.

Serving the Communities of
Attleboro, Foxboro, Mansfield, North Attleboro, Norton, Plainville, Rehoboth, Seekonk

Attleboro Chapter
Jacquie O'Brien
77 Park Street
Attleboro, MA 02703
healthnurse@cityofattleboro.us
508-223-2222, ext 3244

Foxboro Chapter
Pauline Zajdel
40 South Street
Foxboro, MA 02035
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508-543-1207

Mansfield Chapter
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attleboro.ma.us
508-699-0104

Norton Chapter
Donna Palmer
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Plainville Chapter
Deborah Revelle
142 South Street
Plainville, MA 02762
drevelle@plainville.ma.us
508-695-3142, ext 16

Rehoboth Chapter
Jaime Conlon
148 Peck Street
Rehoboth, MA 02769
Jaime Conlon
jconlon@town.rehoboth.ma.us
508-252-5947

Seekonk Chapter
Jessica Horsman
100 Peck Street
Seekonk, MA 02771
jhorsman@seekonk-ma.gov
508-336-2950

Chapter Contact e-mail:
bnmrc@hotmail.com

www.bristol-norfolk-mrc.org
www.maresponds.org

Dear Interested Volunteer

Thank you for your interest in being a member of the Bristol-Norfolk Medical Reserve Corps. MRC volunteers may choose to serve only their communities, surrounding towns, statewide or even nationally. Whether you have one hour a year, month, week or day, your time, thoughts and energy can be put to valuable use in helping your community be prepared. We look forward to working with you and hope you enjoy the MRC volunteering experience.

Below you will find a list of requirements for you to become a FULLY credentialed MRC volunteer. Being FULLY credentialed means that you have completed all of the requirements and may be asked to volunteer in the event of an emergency or disaster. Some volunteers complete the requirements immediately while others complete them over the course of a year. As you work towards becoming fully credentialed, you will be eligible to attend volunteer opportunities, trainings, lectures and MRC meetings and functions. Please visit our website at www.bristol-norfolk-mrc.org often for upcoming meeting information. We look forward to seeing you at these events.

Application Requirements:

- ☐ Completed BNMRC Application signed
- ☐ Policy & Procedure Volunteer Conduct form signed
- ☐ Criminal Offender Record Information (CORI) form (3 pages) signed
- ☐ Picture Identification (with copy on file)
- ☐ Medical License (with copy on file if applicable)
- ☐ Personal & family emergency preparedness plan signed
- ☐ Register on MAREsponds at: <https://www.maresponds.org>

Mandatory Requirements: offered as a MRC classroom training (TBA) or online

- ☐ MRC 101 Orientation course – online at: www.bristol-norfolk-mrc.org
- ☐ Incident Command System for Emergency Dispensing Sites –online at:
www.bristol-norfolk-mrc.org
- ☐ CPR Certified (Mandatory for clinical, recommended all others) – MRC classroom in February
- ☐ Identification Badge issued by MRC once FULLY credentialed

Strongly Recommended:

- ☐ Incident Command System (ICS100b) –
online at: <http://training.fema.gov/EMIWeb/IS/IS100b.asp>
- ☐ National Incident Management System (NIMS-700a) -
online at: <http://training.fema.gov/EMIWeb/IS/IS700b.asp>
- ☐ Basic First Aid Training (with copy of file)
- ☐ Personal Protective Training

Thank you for your interest in volunteering. Your Chapter Coordinators will work with you to become FULLY credentialed. Should you have any questions, please do not hesitate to contact your Chapter Coordinator listed on the left side of this page and we look forward to seeing you.

Sincerely,
Your Chapter Coordinators

Jacquie, Pauline, Amy, AnneMarie, Donna, Debbie, Jamie & Jessica

Please return the completed Application forms and certificates to:

Bristol-Norfolk MRC, Deborah Revelle, P. O. Box 1717, Plainville, MA 02762

Bristol County Medical Reserve Corps

VOLUNTEER APPLICATION		Return to:	
<input type="checkbox"/> Bristol-Norfolk Area <input type="checkbox"/> Greater Fall River Area <input type="checkbox"/> Greater New Bedford Area <input type="checkbox"/> Greater Taunton Area			
VOLUNTEER INFORMATION		VOLUNTEER ADDRESS	
Last Name		Home Address	
First Name		Town/City	State Zip
MI	Nickname		
<input type="checkbox"/> Male <input type="checkbox"/> Female	Race/ethnicity (optional)	Mailing Address	
Date of Birth		Town/City	State Zip
VOLUNTEER CONTACT INFORMATION		AVAILABILITY FOR SERVICE (check all that apply)	
Home e-mail Address		<input type="checkbox"/> National <input type="checkbox"/> Statewide <input type="checkbox"/> Regional <input type="checkbox"/> My town only	
Work e-mail Address		<input type="checkbox"/> Day <input type="checkbox"/> Evening <input type="checkbox"/> Overnight <input type="checkbox"/> Weekend	
Cell Phone	<input type="checkbox"/> Call First	<input type="checkbox"/> I have responsibilities and/or limitations that may affect my job placement. <input type="checkbox"/> Are you part of an emergency or disaster plan with another organization? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Home Phone	<input type="checkbox"/> Call First		
Work Phone	ext. <input type="checkbox"/> Call First		
Other (i.e. pager)		Name of Organization	
EMERGENCY CONTACT INFORMATION		EMPLOYMENT - EDUCATION - SKILLS	
Name		Occupation	
Relationship		Work Status: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Student <input type="checkbox"/> Retired	
Address		Employer	
Cell Phone		Address	
Home Phone		Phone	ext. Fax
Work Phone		Type of Degree	
Other Person for contact		Major	Yr Graduated
Phone #		Languages Spoken <input type="checkbox"/> Read <input type="checkbox"/> Write	
AREAS OF INTEREST & SKILLS		Licensed and Non-licensed Volunteers	
Check all that apply			
<input type="checkbox"/> Case Management <input type="checkbox"/> Compassionate Provider <input type="checkbox"/> Data Analysis <input type="checkbox"/> Events Organizer <input type="checkbox"/> Interviewing <input type="checkbox"/> Mental/Behavioral Health <input type="checkbox"/> Pet Care <input type="checkbox"/> School Health <input type="checkbox"/> Triage	<input type="checkbox"/> Child Care <input type="checkbox"/> Computer Support <input type="checkbox"/> Data Entry <input type="checkbox"/> Food Preparer <input type="checkbox"/> Materials Management <input type="checkbox"/> Military Experience <input type="checkbox"/> Pharmacist <input type="checkbox"/> Shelter Care <input type="checkbox"/> Translator/Interpreter	<input type="checkbox"/> Clinical/Medical/Nursing <input type="checkbox"/> Crisis Intervention <input type="checkbox"/> Driver/Delivery <input type="checkbox"/> Fund Raising <input type="checkbox"/> Maternal/Child Health <input type="checkbox"/> Office Worker <input type="checkbox"/> Phone Bank <input type="checkbox"/> Social Work <input type="checkbox"/> Vaccination	<input type="checkbox"/> Communications <input type="checkbox"/> Customer Service <input type="checkbox"/> Educator/Instructor <input type="checkbox"/> Home Visiting <input type="checkbox"/> Media/Public Relations <input type="checkbox"/> Patient Advocacy <input type="checkbox"/> Public Safety <input type="checkbox"/> Spiritual Care
<input type="checkbox"/> Assist with vaccination or dental clinics <input type="checkbox"/> Provide health program assistance <input type="checkbox"/> Other Interest or Experience _____		<input type="checkbox"/> Assist with form completion <input type="checkbox"/> Medical records assistance <input type="checkbox"/> Clinic or shelter manager <input type="checkbox"/> Provide education on health topics	

Please complete and sign reverse side

Revised 10/29/08

TRAINING CERTIFICATES (CPR, First Aid, CERT, Disaster Training, ICS-100, Etc.) attach separate page if needed

Certifications	Certifying Agency	Date Completed

PROFESSIONAL LICENSED VOLUNTEERS List all applicable (i.e. MD, RN, DDS, EMT, Electrician, Plumber, etc.)

Licenses	State	License/Certification#	Expiration Date

LEVEL OF INVOLVEMENT (Please check only one)

- ☐ **Response Level:** Response Level involves a minimal time and training commitment. Members are only asked to volunteer in the event of a mass emergency.
- ☐ **Active Level:** Active Level involves slightly more time and training commitment. In addition to the initial mandatory trainings, attend other trainings of your choice. A minimum of two trainings/meetings a year is required to maintain active level. You may also want to be involved in non-emergency health activities.
- ☐ **Leadership Level:** Leadership level is open to those who want a role in management of a Medical Reserve Corps Unit. There is a larger time and training commitment.

Please read and complete this section and sign below

1. Have you ever had your professional license suspended or revoked? ☐ NO ☐ YES, Attach letter of explanation
2. Have you ever been convicted of a felony or misdemeanor that resulted in imprisonment which was not a first offence? ☐ NO ☐ YES, Attach letter of explanation

I Volunteer Consent for References, Background Checks, Release of Information and Media Waiver

- ☐ I understand that the information on this application will be kept confidential. I do hereby give the Bristol County Medical Reserve Corps permission to inquire into my background, including references, employment, licensure, driving record, police record, education and/or volunteer history as part of the verification/application process. I further give permission to the holder of any such records to release the same to the BCMRC. Additionally, I do hereby consent to the release of personal information to local, state and federal emergency management and other Health and Human services agencies as needed. I further understand I will be required to sign a CORI request form. I understand that as a Medical Reserve Corps volunteer I am not paid for my services. I further understand that I will be required to sign a Code of Conduct upon approval of my application and that the MRC may develop, participate in or be the subject of media based presentations and events and give my permission to publish my name and photograph with any MRC activity. I hereby hold the MRC harmless of any liability, whether civil or criminal, that may arise as a result of the release of information about me. I further hold harmless any individual, agency, business or corporation that provides documents to the MRC.

Assumption of Risk

- ☐ I recognize that the Volunteer Medical Corps may involve physical labor and may carry a risk of personal injury. I further recognize that there may be natural and manmade hazards, environmental conditions, diseases and other risks, which in combination with my actions could cause injury to me. I hereby agree to assume all risks, which may be associated with or may result from my participation in this volunteer program.

Release

- ☐ I hereby release the BCMRC and the "Hosting Community", its agencies, departments, officers, employees, agents and assigns, from any and all liability, claims, demands, actions, and causes of action whatsoever for any loss claim, damage, injury, illness, attorney's fees or harm of any kind or nature to me arising out of any and all activities associated with this volunteer program.

Signature of Volunteer _____

Date _____

Printed Name _____



Be Informed

Be Prepared

Be a Volunteer

BRISTOL COUNTY MEDICAL RESERVE CORPS

POLICY AND PROCEDURE VOLUNTEER CONDUCT

- All individuals interested in volunteering with the BCMRC will sign a conduct and confidentiality agreement prior to being accepted into the program.
- All BCMRC personnel will wear photo identification provided by the program at all times during any activation, drill, or education program. This identification will be worn in such a way that it is easily visible, and will provide the name and job title of the volunteer.
- All BCMRC volunteers will undergo orientation training.
- All BCMRC volunteers will maintain the strictest confidentiality regarding all patient personal and medical information. Failure to do so may result in immediate dismissal from the program.
- All BCMRC will dress in a manner appropriate to the duties they are to perform. Attire will be neat and clean and footwear must provide safe and secure footing while protecting feet from hazards.
- All BCMRC personnel will conduct themselves in an appropriate and professional manner at all times. Respect will be given to the rights and feelings of other volunteers, patients, family members and any other person with which their participation in the program brings them in contact.
- BCMRC personnel will not perform any activities beyond the scope of their job description. All volunteers have the right to state that they do not feel comfortable performing duties when asked and these feelings will be respected. If these duties fall within the agreed upon core duties as stated in the job description, this issue must be addressed with the program administrators so that modifications may be made to the job description or the volunteer may be reassigned to a different position.
- Volunteers will work under a prearranged algorithm and will abide by the chain of command set forth by that algorithm. Volunteers will report to, take direction from, and provide feedback to their direct supervisor.

Signature

Date



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drevelle@plainville.ma.us
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Jaime Conlon
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508-252-5947

Seekonk Chapter
Jessica Horsman
100 Peck Street
Seekonk, MA 02771
jhorsman@seekonk-ma.gov
508-336-2950

Chapter Contact e-mail:
bnmrc@hotmail.com

www.bristol-norfolk-mrc.org
www.maresponds.org

BRIMA13-01228

This form is not to be faxed. Please return form to organization

Criminal Offender Record Information (CORI) Acknowledgement Form

To be used by organizations conducting CORI checks for employment or licensing purposes.

Bristol-Norfolk Medical Reserve Corps, Inc. is registered under the
(Organization)
provisions of M.G.L. c.6, § 172 to receive CORI for the purpose of screening current and otherwise
qualified prospective employees, subcontractors, volunteers, license applicants, or current
licensees.

As a prospective or current employee, subcontractor, volunteer, license applicant or current
licensee, I understand that a CORI check will be submitted for my personal information to the
DCJIS. I hereby acknowledge and provide permission to Bristol-Norfolk Medical Reserve
Corps, Inc. to submit a CORI check for my information to the DCJIS. This authorization is valid
for one year from the date of my signature. I may withdraw this authorization at any time by
providing Bristol-Norfolk Medical Reserve Corps, Inc. with written notice of my intent to
withdraw consent to a CORI check.

I also understand, that Bristol-Norfolk Medical Reserve Corps, Inc. may conduct
subsequent CORI checks within one year of the date this Form was signed by me.

By signing below, I provide my consent to a CORI check and affirm that the information provided on
Page 3 of this Acknowledgement Form is true and accurate.

Signature of CORI Subject

Date

Please note: CORIs cannot be accepted without photo ID Verification

Have your photo identification verified and this form signed indicating photo verification by one of the chapter
coordinators listed on the left side of this page before sending it in for processing.

Once photo ID is verified, mail form to :

**Bristol-Norfolk Medical Reserve Corps, Inc.
c/o Deborah J. Revelle
P. O. Box 1717
Plainville, MA 02762**



The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Public Health
MA Responds
250 Washington St.
Boston, MA 02108



This form is not to be faxed. Please return form to organization.

**Criminal Offender Record Information (CORI)
Acknowledgement Form**

To be used by organizations conducting CORI checks for employment or licensing purposes.

MA Responds
(Organization)

is registered under the

provisions of M.G.L. c.6, § 172 to receive CORI for the purpose of screening current and otherwise qualified prospective employees, subcontractors, volunteers, license applicants, or current licensees.

As a prospective or current employee, subcontractor, volunteer, license applicant or current licensee, I understand that a CORI check will be submitted for my personal information to the DCJIS. I hereby acknowledge and provide permission to

MA Responds

to submit a CORI check for

my information to the DCJIS. This authorization is valid for one year from the date of my signature. I may withdraw this authorization at any time by providing

MA Responds

with written notice of my intent to withdraw consent to a CORI check.

I also understand, that

MA Responds

may conduct subsequent CORI checks within one year of the date this Form was signed by me.

By signing below, I provide my consent to a CORI check and affirm that the information provided on Page of this Acknowledgement Form is true and accurate.

Signature of CORI Subject

Date

Volunteer Unit _____

Please note: CORIs cannot be accepted without photo ID Verification

Have your photo identification verified and this form signed indicating photo verification by your local program administrator or by a notary public before sending it in for processing. If you have selected the "State unaffiliated Volunteers" as your only organization please have your photo identification verified and CORI acknowledgement Form signed by a notary public.

Once photo ID is verified, mail from to:

Massachusetts Department of Public Health
Office of Preparedness and Emergency Management
250 Washington Street, 1st Floor
Boston, MA 02108
ATTN: MA Responds



THE COMMONWEALTH OF MASSACHUSETTS
EXECUTIVE OFFICE OF PUBLIC SAFETY AND SECURITY
Department of Criminal Justice Information Services
200 Arlington Street, Suite 2200, Chelsea, MA 02150
TEL: 617-660-4640 | TTY: 617-660-4606 | FAX: 617-660-5973
MASS.GOV/CJIS



SUBJECT INFORMATION

Please complete this section using the information of the person whose CORI you are requesting.
The fields marked with an asterisk (*) are required fields.

* First Name: _____ Middle Initial: _____

* Last Name: _____ Suffix (Jr., Sr., etc.): _____

Former Last Name 1: _____

Former Last Name 2: _____

Former Last Name 3: _____

Former Last Name 4: _____

* Date of Birth (MM/DD/YYYY): _____ Place of Birth: _____

* Last **SIX** digits of Social Security Number: _____ -- _____ ☐ No Social Security Number

Sex: _____ Height: _____ ft. _____ in. Eye Color: _____ Race: _____

Driver's License or ID Number: _____ State of Issue: _____

Father's Full Name: _____

Mother's Full Name: _____

Current Address

* Street Address: _____

Apt. # or Suite: _____ *City: _____ *State: _____ *Zip: _____

SUBJECT VERIFICATION

The above information was verified by reviewing the following form(s) of government-issued identification:

Verified by:

Print Name of Verifying Employee

Signature of Verifying Employee

Date



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Personal and Family Emergency Preparedness Plan

As a MRC volunteer, I have completed the mandatory requirement of having a "Personal and Family Emergency Preparedness Plan" in place.

- ☐ I have taken steps to prepare at home for a possible emergency.
- ☐ I have taken steps in case I must leave home for a possible emergency
- ☐ I have a written plan for how to communicate with family during an emergency.
- ☐ I have a designated safe meeting place outside of my home.
- ☐ I have all emergency contact phone numbers written ON PAPER at home and work.
- ☐ I have all identification cards and important documents copied and secured.
- ☐ I will review my emergency preparedness plan at least annually to keep it current.
- ☐ I am confident that I am prepared in the event of an emergency.

Print Name

Signature

MRC Chapter

Street Address

Date

Town, State, Zip



Be Informed
Be Prepared
Be a Volunteer

Bristol County Medical Reserve Corps

Volunteer Policies and Procedures

All Bristol County Medical Reserve Corps (BCMRC) volunteers will be required to provide proof of the following skills before being considered fully credentialed:

- Basic MRC knowledge by completing the MRC Orientation course (mandatory for all).
- Basic knowledge by completing the Incident Command System for Emergency Dispensing Sites (ICS for EDS) (mandatory for all).
- Basic life support, cardiopulmonary resuscitation (CPR) and AED consistent with the standards of the American Heart Association or American Red Cross. (mandatory for clinical volunteers, recommended for all others).
- Basic first aid course to deal with shock, allergic reactions, bleeding, broken bones, burns, chemical splashes, choking, eye injuries, skin wounds, dislocation, head trauma, heart exhaustion and stroke, poisoning, etc. (strongly recommended for all).

All volunteers will be required to sign an informed consent (via the application) allowing project staff to verify credentials, to have a criminal record check conducted, allow identifying information to be sent to federal, state and local health and safety agencies and to sign a code of conduct and confidentiality form.

All volunteers must provide copies of a government issued picture identification and written proof of qualifications i.e. current license to practice, certifications, etc. Volunteers will be asked to participate in an interview prior to acceptance.

Various trainings will be offered to all volunteers. Active Volunteers will be asked to complete at least one training annually. Clinical Volunteers may substitute training with CME's/CEU's completed on their own. Most trainings are offered free of charge and some trainings provide continuing education credits.

Volunteers are responsible to notify BCMRC staff:

- If they are no longer able to participate in the MRC whether temporarily or permanently.
- Of changes in personal data, i.e. name, address, email, phone, etc.
- With updates of licenses and certifications.

Volunteers who are offered acceptance will be issued an identification badge which must be worn at all times during BCMRC related events, activities, meetings and deployments. Volunteers are asked to dress appropriately.