

The Dover Board of Health along with many other Towns has been working closely with the Dept. of Public Health, Center of Disease Control and Home Land Security regarding setting up an infrastructure system in case of Flu Pandemic or a Bioterrorist Event.

NOTICE-CALL FOR VOLUNTEERS

The Dover Board of Health is seeking volunteers to assist us in Emergency Situations, when and if we have to dispense vaccines/antibiotics to the general population in the case of a flu pandemic or a bioterrorist event.

We will need:

1. Medical personnel: doctors, nurses, pharmacists, medical technicians Counselors, etc.
2. Clerical processors: greeters and registrars.
3. Security: traffic flow, parking, etc
4. Transportation: to help people get to our dispensing sites.
5. Child care: for our volunteers.

Training will be provided for all volunteers and if any vaccines/antibiotics need be Dispensed, they will be given to our volunteers and their families first.

If interested, please call the Dover Board of Health at 508-785-0032 Ext 232, E-mail boh@doverma.org or send a letter of interest to:

Dover Board of Health
P.O. Box 250
5 Springdale Ave
Dover, MA 02030

Thank you,



VOLUNTEER APPLICATION

Please print or type

Name			
Street Address (Mailing)			
City		State	Zip
Home Phone	Work Phone	Cell Phone	
Email		Employer	
Type: Medical Professional: <input type="checkbox"/> Doctor <input type="checkbox"/> Nurse <input type="checkbox"/> Dentist <input type="checkbox"/> Pharmacist <input type="checkbox"/> Psychiatrist <input type="checkbox"/> Veterinarian		<input type="checkbox"/> Mental Health <input type="checkbox"/> Social Worker <input type="checkbox"/> EMT <input type="checkbox"/> Non Medical <input type="checkbox"/> Other _____	
Emergency contact information: Name: _____ Address: _____ Home #: _____ Cell #: _____			
License or Certificate/Registration Number:		Languages:	Drivers License #:
		State License Held:	Expiration Date:
Level of Participation Desired: I prefer to be: <input type="checkbox"/> ACTIVE Receive notifications of ALL training opportunities, training drills & exercises, emergency events, as well as non-emergency volunteer opportunities <input type="checkbox"/> LIMITED Receive only notification of training drills & exercises and all emergency events			
Volunteer Interests: Check all that apply: Administration ___ Public Safety ___ Phone Bank ___ Steering Committee ___ Clinical ___ Fundraising ___ Database ___ Newsletter Production ___ Volunteer Coordination ___ Behavioral Health ___ Deliveries ___ Clerical Help ___			
A Criminal and Sexual Background Check is required of all volunteers: I do hereby give Region 4a Medical Reserve Corps permission to release personal information with local, state and federal emergency management agencies and other Health and Human Service agencies as needed.			
Date of Birth ___/___/___ Social Security # _____			
Signature _____ Date ___/___/___			
Location Preference for Responding: Check all that apply			
Your town only	<input type="checkbox"/>	Region 4a	<input type="checkbox"/>
Surrounding Towns	<input type="checkbox"/>	State	<input type="checkbox"/>
		New England	<input type="checkbox"/>
		East Coast	<input type="checkbox"/>
		Any where in the US	<input type="checkbox"/>
		Any where in the world	<input type="checkbox"/>
Signature			Date

Privacy Act Statement

This information is requested by Region 4a Medical Reserve Corps and is for the purpose of organizing volunteers and staff to respond to public health emergencies. It will not be utilized or released for any other purpose without your express written permission unless required by law and all information will be kept in a secure manner.

**Dover Board of Health Call # 508-785-0032 x-232; email boh@doverma.org ; or mail to Dover Board of Health
 5 Springdale Ave. PO Box 250 Dover, MA 02030**