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 incase 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.


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**

<table>
<thead>
<tr>
<th>Name</th>
</tr>
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<tbody>
<tr>
<td>Street Address (Mailing)</td>
</tr>
<tr>
<td>City</td>
</tr>
<tr>
<td>Home Phone</td>
</tr>
<tr>
<td>Email</td>
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</tbody>
</table>

**Type: Medical Professional:**
- [ ] Doctor
- [ ] Nurse
- [ ] Dentist
- [ ] Pharmacist
- [ ] Psychiatrist
- [ ] Veterinarian
- [ ] Mental Health
- [ ] Social Worker
- [ ] EMT
- [ ] Non Medical
- [ ] 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:
- [ ] ACTIVE
  - Receive notifications of ALL training opportunities, training drills & exercises, emergency events, as well as non-emergency volunteer opportunities
- [ ] 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
- Region 4a
- New England
- Any where in the US
- Any where in the world

**Signature**

**Date**

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**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