

Greater Monadnock Medical Reserve Corps

Mailing Address: Kingsbury House c/o Kerry Kelley
580 Court Street Keene, NH 03431
Telephone: (603) 354-5454 x3034
Facsimile: (603) 354-6674
Website: <http://gmmrc.org>
E-mail: gmmrc1@gmail.com



This application process is for ALL community volunteers, both medical and non-medical, looking to support both regional hospitals and the potential need for an Alternate Care Site. After sending in your application we will send you a virtual orientation and you will be added to a volunteer labor pool to be called upon if and when needed. Thank you in advance!

VOLUNTEER APPLICATION Date: _____

Personal Information

Name:

Last

First

MI

Mailing Address:

Street

Apt/Ste, PO Box

City, State, Zip Code

Telephone:

Home:

Work:

Cell:

Pager/Other

E-mail:

Date of Birth:

mm/dd/yyyy

Emergency

Contact:

Name

Relationship

Phone

Alt. Phone

Do you hold a current NH driver's license? Y N **NH DL#**

Professional Information

ALL INTERESTED VOLUNTEERS ARE WELCOME!

Subject to background check

Check your profession/occupation:

***If retired, check profession prior to retiring**

Physician MD DO

Nurse Practitioner

Pharmacist

Veterinarian

EMS Professional

Other Public Health/Medical

Physician's Assistant

Nurse

Dentist

Mental Health Professional

Respiratory Therapist

Non-Public Health/Non-Medical

Helpful Information

Are you part of any other emergency/disaster response/alert system? Y N
 American Red Cross Citizen Corps CERT

Do you speak a foreign language? Y N Sign Language? Y N

Please list:

Language	Fluent	Well	Fair	Slight

Teaching Experience? Y N

Leadership Experience? Y N

I would be willing to: (check all that apply)

Volunteer internally with Monadnock Community Hospital

Volunteer internally with Cheshire Medical Center

Volunteer at the Alternate Care Site

Do you have any special skills or knowledge that would help our unit?

Please check the appropriate boxes below if they apply to you:

At the time of application submission, I am 65 years of age or older.

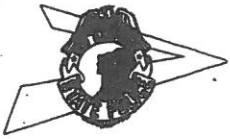
I have one or more of the following underlying medical conditions: chronic lung disease, moderate to severe asthma, a serious heart condition, immune deficiencies, diabetes, chronic kidney disease, liver disease, or are currently on dialysis.

If you checked either of the boxes above based on currently available information and clinical expertise you could be at a higher risk for severe illness due to COVID-19. By submitting this application you are acknowledging the potential higher risk for severe illness.

Source: <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/groups-at-higher-risk.html>

***Once completed save the form and email to
gmmrc1@gmail.com***

THANK YOU!



State of New Hampshire

Criminal Records Unit

Department of Safety
DIVISION OF STATE POLICE

33 Hazen Drive, Concord, NH 03305

CRIMINAL HISTORY RECORD INFORMATION RELEASE AUTHORIZATION FORM

INSTRUCTIONS

NH RSA 106-B:14 and Administrative Rule Saf-C 5700 authorizes the dissemination of NH Criminal History Record Information (CHRI) for non-criminal justice purposes. In NH, all CHRI is confidential and released only upon the knowledge and permission of the individual of whom the request is made. Individuals requesting their own record in person need only to complete Section I. If the CHRI is to be released to a third party, both Section I and Section II must be completed. All requests by mail must have both sections completed and Section II notarized.

SECTION I (PLEASE PRINT CLEARLY)

Last Name _____ First Name _____ Maiden _____ MI _____

Address _____ City _____ State _____ Zip _____

Date of Birth _____ Hair Color _____ Eye Color _____ Male Female

Driver's License Number _____ State _____

My signature below signifies I am the individual listed above and the information provided is true.

Signature **X** _____ Date _____

Signed under penalty of unsworn falsification pursuant to RSA 641:13

PURPOSE OF RECORD

Housing Employment Annulment/Expungement Other Volunteer

SECTION II

I hereby authorize the release of my criminal record conviction(s), if any, to the following:

Person or Entity to Receive Record Jenn Harper

Address 33 Hazen Drive City Concord State NH Zip 03305

Your Signature **X** _____ Date _____

Notary's Signature _____ Date _____

Signature of person/entity to receive record _____ (Affix seal) Date _____

RECORD CHALLENGE

Saf-C 5703.12 Procedure for Correcting a CHRI (a) Persons or their attorneys desiring access to their CHRI for the purpose of challenge or correction shall appear at the central repository. (b) A copy shall be provided to a person if after review he/she indicates he/she needs the copy to pursue the challenge. (c) Any person making a challenge shall identify that portion of his/her CHRI which he/she believes to be inaccurate or incorrect, and shall also give a correct version of his/her record with an explanation of the reason that he/she believes his/her version to be correct. (d) The director shall take the following actions within 30 days of receipt of challenge: (1) Review the records and contact the law enforcement agency or court which submitted the record to compare the information to determine whether the challenge is valid; (2) If the challenge is valid, which means there is a discrepancy between the information submitted and the information maintained by the law enforcement agency or court, the record shall be corrected and the person and appropriate CJAs shall be notified; and (3) If the challenge is invalid, the person shall be informed and advised of the right to appeal pursuant to RSA 541. (e) When a record has been corrected, the division shall notify all non-criminal justice agencies, to whom the data has been disseminated in the last year, of the correction. (f) The person shall be entitled to review the information that records the facts, dates, and results of each formal stage of the criminal justice process through which he passes, to ensure that all such steps are completely and accurately recorded.

WARNING: The Division of State Police is the Criminal Record Repository for the State of New Hampshire. The record you have received is based only on what has been reported to the Repository and may not be a complete Criminal History Record of the named individual.

To prevent a delay in processing, I have enclosed a self-addressed envelope.

Prepaid Acc't Number _____

A \$25.00 fee is required for each request. Make checks payable to: State of NH - Criminal Records.