



TOWN OF UXBRIDGE
BOARD OF HEALTH
TOWN HALL
21 SOUTH MAIN STREET, ROOM #204
UXBRIDGE, MA 01569
Telephone 508-278-8600 X 2015
Fax 508-278-8604

Uxbridge Medical Reserve Corp Volunteer Enrollment Form

Name: _____

Address: _____

Mailing Address (If Different): _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Place of Employment: _____

Professional Credentials/License Type & Number _____

Administrative/Clerical/Other Skills _____

Languages (Interpretation) _____

Other Related Training and Certifications _____

Please note if you are currently Retired/Unemployed: _____

Have you already registered as a volunteer with any other emergency preparedness agency?

Yes: _____ If So, Where _____ No _____

Are you certified in the administration of smallpox vaccine? _____

A daycare facility will be established within the emergency dispensing site for our volunteers – would you require these services? _____

Because the Emergency **Dispensing Site** (EDS) may be at a **school site** you will be **required** to allow a **CORI check** to be processed by the school department. This check will require you to fill out a CORI consent form in the presence of a Board of Health member, Denise Delannoy, BOH Admin Asst, available in the Board of Health office Mon., Tues. & Thurs. between 7:30 am – 5:00 pm and Wed. 8:00 am – 7:00 pm. or Barbara Emerick, Admin Asst to the Superintendant who is available at the Uxbridge Public School Central office located at the town hall between 8:00 am – 3:30 pm Monday – Friday. Please bring **photo identification** with you; it is **required**.

The Uxbridge Board of Health understands that although you have completed this enrollment form, in the event of an actual public health emergency, work and/or family priorities may prevent you from actually participating as a volunteer in a Medical Reserve Corp operation.