



**NORFOLK COUNTY-8  
MEDICAL RESERVE CORPS (NC-8 MRC)**

**Canton Health Department**  
**79 Pleasant Street, Canton, MA 02021**  
**Tel: (781)-821-5021**  
**[www.town.canton.ma.us/](http://www.town.canton.ma.us/)**



March 30, 2020

Dear Medical Reserve Corps Volunteer,

The **Medical Reserve Corps (MRC)** is a national network of local volunteer units who engage their local communities to strengthen public health, reduce vulnerability, build resilience, and improve preparedness response, and recovery capabilities.

Canton Board of Health records indicate that you have been willing to assist the Town in the past. In light of the current COVID-19 pandemic we ask that you inform us of your current availability.

Volunteers with medical expertise as well as non-medical volunteers are needed to assist the Canton Board of Health as we work together to combat the effects of this pandemic on the people of Canton.

Canton is a member of the Norfolk County-8, local public health coalition. Other community members include Dedham, Milton, Needham, Norwood, Walpole, Wellesley and Westwood.

Attached is a brochure entitled, 'Norfolk County-8 Medical Reserve Corps (MRC)' that provides an excellent overview of the MRC program.

If you are able to help, please complete and return the following documents to the Board of Health at the address provided above or at [bohdirector@town.canton.ma.us](mailto:bohdirector@town.canton.ma.us):

1. Canton MRC Volunteer Application
2. CORI Request Form
3. SORI Request Form

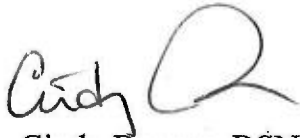
The Norfolk County-8 has assembled an extensive list of on-line training. Please consider participating in as many of these classes as you can. Without prior training, response efforts can be impacted and your capability to support your community may be limited.

In addition, we will be offering trainings throughout the year in our region, Please visit our website, [www.norfolkcounty8.org](http://www.norfolkcounty8.org) for information regarding upcoming trainings and


to learn more about both the Norfolk County-8 Local Public Health Coalition and our MRC.

If you need help getting started, please do not hesitate to call the Canton Board of Health at (781) 821-5021. Thank you for your consideration.

Sincerely,

A handwritten signature in cursive script that reads "Cindy". The signature is written in black ink and is positioned above the printed name.

Cindy Bonner, BSN, RN  
Public Health Nurse

A handwritten signature in cursive script that reads "Barbara Thissell Reardon". The signature is written in black ink and is positioned above the printed name.

Barbara Thissell Reardon, PE, REHS  
Acting Director of Public Health



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**CANTON MRC VOLUNTEER APPLICATION**



<b>Personal Contact Information</b>			
Last Name:		Date of Birth: _____ / _____ / _____	
First Name:		MI:	
Gender:		<input type="checkbox"/> Male <input type="checkbox"/> Female	
Mailing Address:			
Street		City	State    Zip
Phone:		Work	
Home	Cell	If yes, please list languages:	
Email:	Bilingual Skills: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Speak <input type="checkbox"/> Read <input type="checkbox"/> Write		
<b>How do you prefer to be contacted? Please also list, in order of importance, how you would prefer to be contacted (ex. 1<sup>st</sup>, 2<sup>nd</sup>)</b>			
<input type="checkbox"/> Home phone _____	<input type="checkbox"/> Cell phone _____	<input type="checkbox"/> Work phone _____	<input type="checkbox"/> Email _____
<b>Employment</b>			
<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time	<input type="checkbox"/> Retired	<input type="checkbox"/> Student
Please list employer (if applicable):			

<b>What are you volunteering for? (Please check all that apply)</b>			
<input type="checkbox"/> Local Volunteer ONLY	<input type="checkbox"/> Local and Regional	<input type="checkbox"/> Statewide	<input type="checkbox"/> National
<input type="checkbox"/> Active	Receives notification of ALL training opportunities, drills and exercises, emergency events, as well as non-emergency volunteer opportunities (i.e. Flu clinics, health education)		
<input type="checkbox"/> Limited	Receives notification of drills and exercises and ALL emergency events		
<input type="checkbox"/> Emergency Only	Receives notification of only major emergency events		

<b>Licenses &amp; Certifications</b>			
<input type="checkbox"/> Medical (specify type)	License or Registration Number	State	Specialty
<input type="checkbox"/> Nursing (specify type)	License or Registration Number	State	Specialty
<input type="checkbox"/> EMT/Paramedic (specify type)	License or Registration Number	State	Specialty
<input type="checkbox"/> Other (specify type)	License or Registration Number	State	Specialty
<input type="checkbox"/> Other Certifications (specify type)			

**Questions? Please call (781)-821-5021 or email [bohdirector@town.canton.ma.us](mailto:bohdirector@town.canton.ma.us)**





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**CANTON MRC VOLUNTEER APPLICATION**



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

The Norfolk County-8 Medical Reserve Corps (NC-8 MRC)/Canton Board of Health recognizes its responsibility to volunteer staff to assure fair and equal treatment and will not discriminate on the basis of color, religion, sex, age or national origin or against any qualified handicapped individual, or disabled veteran.

I understand that the information on this application will be kept confidential within the NC-8 MRC/Canton Board of Health and is restricted for use by the NC-8 MRC/Canton Board of Health.

I do hereby give the NC-8 MRC/Canton Board of Health 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 NC-8 MRC/Canton Board of Health. 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 and that a national sex offender records search will be conducted about me, using publicly available information.

I understand that as a Medical Reserve Corps (MRC) volunteer I am not paid for my service and that this is not an application for or contract of employment. I further agree that as a volunteer I may not accept payment for my services and that I will incur the cost of transportation.

I further understand 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 will also take required training when applicable.

The statements made on the registration are true, complete and accurate to the best of my knowledge. I understand that any misrepresentation, omission of information, or misleading and incomplete data shall result in disqualification from consideration or dismissal as a volunteer. The NC-8 MRC/Canton Board of Health reserves the right to disqualify or reject any volunteer.

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 volunteering for the Medical Reserve Corps (MRC) 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 NC-8 MRC/Canton Board of Health 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:**

**Date:**

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Questions? Please call (781)-821-5021 or email [bohdirector@town.canton.ma.us](mailto:bohdirector@town.canton.ma.us)



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**CORI REQUEST FORM**

The Town of Canton has been certified by the Criminal History Systems Board for access to conviction and pending criminal case data. As an applicant/employee, I understand that a criminal record check will be conducted for conviction or pending criminal case information only and that it will not necessarily disqualify me. The information below is correct to the best of my knowledge.

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APPLICANT/EMPLOYEE INFORMATION (PLEASE PRINT)

---

LAST NAME

FIRST NAME

MIDDLE NAME

---

MAIDEN NAME OR ALIAS (IF APPLICABLE)

**PLACE OF BIRTH**

---

DATE OF BIRTH

SOCIAL SECURITY NUMBER  
(last 6 numbers)

**MOTHER'S MAIDEN NAME**

**FORMER ADDRESSES:** \_\_\_\_\_

---

**SEX:** \_\_\_\_\_ **HEIGHT:** \_\_\_ ft. \_\_\_ in. **WEIGHT:** \_\_\_\_\_ **EYE COLOR:** \_\_\_\_\_

**STATE DRIVER'S LICENSE NUMBER:** \_\_\_\_\_

**\*\*\*THE ABOVE INFORMATION WAS VERIFIED BY REVIEWING THE FOLLOWING FORM OF GOVERNMENT ISSUED PHOTOGRAPHIC IDENTIFICATION:** \_\_\_\_\_

**REQUESTED BY:** \_\_\_\_\_  
SIGNATURE OF CORI AUTHORIZED EMPLOYEE