



# MANALAPAN MRC-CERT

## VOLUNTEER QUESTIONNAIRE

Name \_\_\_\_\_

Home Address \_\_\_\_\_

Phone (H) \_\_\_\_\_ Fax (H) \_\_\_\_\_ Cell(H) \_\_\_\_\_

e-mail (H) \_\_\_\_\_ Nextel(H) \_\_\_\_\_

Phone (W) \_\_\_\_\_ Fax (W) \_\_\_\_\_ Cell (W) \_\_\_\_\_

e-mail (W) \_\_\_\_\_ Nextel (W) \_\_\_\_\_

were you referred by anyone? (y/n) if yes who? \_\_\_\_\_

Primary Monday - Friday daytime contact points:

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Cell \_\_\_\_\_

e-mail \_\_\_\_\_ Nextel \_\_\_\_\_

### Specialized Skills (please list and describe experiences/skills)

Medical Background/Credentials \_\_\_\_\_

Secretarial \_\_\_\_\_

Mental Health Background/Credentials \_\_\_\_\_

Computer \_\_\_\_\_

Managerial \_\_\_\_\_

Emergency Response \_\_\_\_\_

Other Specialized Skills \_\_\_\_\_

Fluent in Foreign Language(s)? If so, what language(s)? (Y/N) \_\_\_\_\_

### Other Skills/Experiences

\_\_\_\_\_

\_\_\_\_\_

### Home Responsibilities

Do you have children (Y/N) \_\_\_\_\_

Do you care for an older adult (Y/N) \_\_\_\_\_

Do you care for someone with disabilities (Y/N) \_\_\_\_\_

If yes to any of above, are you able to arrange for another person to provide care if you are needed in an emergency (Y/N) \_\_\_\_\_

Do you have a valid drivers license (Y/N) \_\_\_\_\_

Do you have a vehicle available to you for own transportation in an emergency (Y/N) \_\_\_\_\_

Strictly considering home responsibilities, do you have a sense how long you could serve the community in an emergency? I don't know \_\_\_ 6 hrs \_\_\_ 12 hrs \_\_\_ 8 hrs \_\_\_ 24 hrs \_\_\_ 36 hrs \_\_\_ 48 hrs \_\_\_ other \_\_\_\_\_

## Work Responsibilities

Do you work (Y/N) \_\_\_\_\_

What is/was your occupation \_\_\_\_\_

Employer \_\_\_\_\_

Work Address \_\_\_\_\_

Brief description of responsibilities \_\_\_\_\_

If you currently work, how far away from Manalapan do you work (minutes) \_\_\_\_\_

Do you rely on public transportation for commute to/from work (Y/N) \_\_\_\_\_

Can you leave work immediately upon notice, if needed (Y/N) \_\_\_\_\_

Do you know that your employer will give you leave to attend to a community emergency (Y/N) \_\_\_\_\_

If no, do you think your employer would be receptive to your discussing this matter with them (Y/N) \_\_\_\_\_

Strictly considering work, do you have a sense how long you could serve the community in an emergency?

I don't know \_\_\_ 1 day \_\_\_ 2 days \_\_\_ 3 days \_\_\_ 5 days \_\_\_ 10 days \_\_\_ other \_\_\_\_\_

## Personal Issues

Do you have medical conditions that would need attention in the event you are assisting the community?

Are there medications that you would need while assisting the community

Can you verify and take responsibility to have these medications with you (Y/N) \_\_\_\_\_

Do you have special dietary needs (Y/N) \_\_\_\_\_ If yes please describe \_\_\_\_\_

Would you consent to a background check if requested (Y/N) \_\_\_\_\_

## Other

Is there any information you feel is important \_\_\_\_\_

