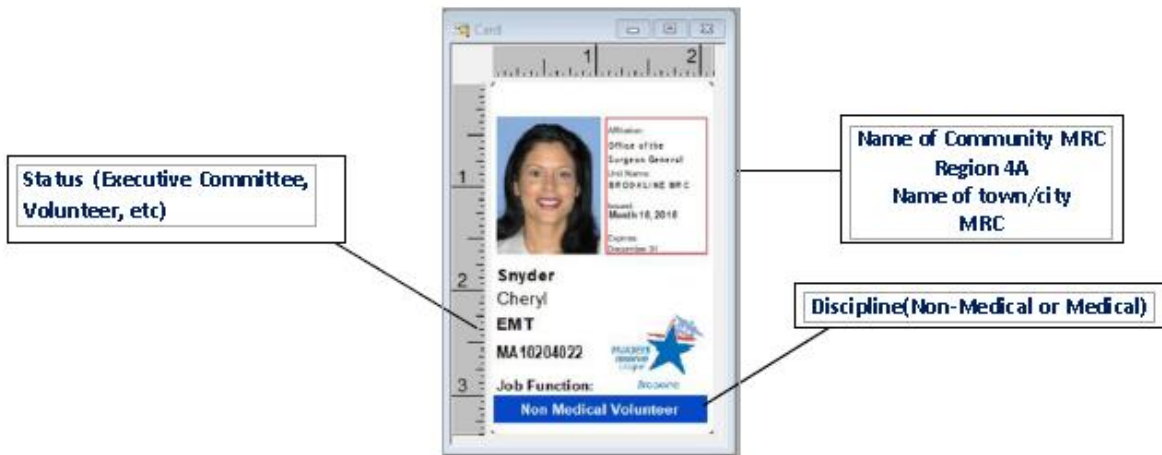




## BADGING REQUIREMENTS



1. Volunteer must pass CORI and SORI credentials verification. CORI and SORI screening will be conducted to ensure that the member has no criminal record. The Region 4A considers the process as a formality for legal protection. Complete the attached CORI (this will also authorize the SORI to be checked).
2. Volunteer must provide a certificate of completion for ICS 100 training. See attached form for information.
3. Volunteer/MRC leader must provide a jpeg photo with volunteer's full name and discipline (non-medical or medical, that is RN, LPN, CCMA, MD, EMT, paramedics, etc.) and submit via email to Roberta Ho, [mrc@region4a-ma.org](mailto:mrc@region4a-ma.org).
4. Professional license and certificate verifications will be done by the MRC Leader through appropriate agencies (Office of Emergency Medical Services for EMTs and paramedics, Board of Registration for nurses, etc.) to ensure that their credentials are current. Members will be asked to provide a photocopy of their license or certificate.

**\*MRC renewal** is required every 2 years from date of issuance. This renewal process consists of verification of updated credentials (CORI and SORI), along with any current professional licenses and/or certificates before badge is reissued.

All the above items, except the photo jpeg, **MUST** be **mailed** to Medical Reserve Corp Region 4A, Framingham Health Dept., 150 Concord St., Framingham MA 01702, or **dropped** off at 113 Concord St., Framingham, MA 01702.



# VOLUNTEER APPLICATION

Medical  
Reserve  
Corps

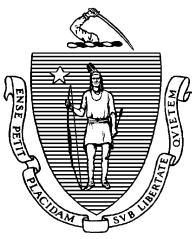
Please print or type

Name					
Street Address (Mailing)				Maiden Name	
City		State		Zip	
Home Phone		Work Phone		Cell Phone	
Email		Employer			
<b>This section for Medical Volunteers only. Check if you are a</b> <input type="checkbox"/> Doctor <input type="checkbox"/> Nurse <input type="checkbox"/> Dentist <input type="checkbox"/> Pharmacist <input type="checkbox"/> Psychiatrist <input type="checkbox"/> Veterinarian <input type="checkbox"/> Social Worker <input type="checkbox"/> EMT/Paramedic <input type="checkbox"/> Other _____ License # _____		<b>Emergency contact information:</b>  Name: Address: Home #: Cell #:  Languages:  Drivers License #:  Other Vehicle or Special Licenses or Certifications held 1. 2.			
<b>Level of Participation Desired: I prefer to be:</b> <input type="checkbox"/> ACTIVE: Receive notifications of ALL training opportunities, training drills & exercises, emergency events, as well as non-emergency volunteer opportunities <input type="checkbox"/> LIMITED Receive only notification of training drills & exercises and all emergency events					
<b>A Criminal and Sexual Background Check is required of all volunteers:</b> 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 ____/____/____  Signature _____ Date ____/____/____					
<b>Location Preference for Responding: Check all that apply</b> <input type="checkbox"/> _____ <input type="checkbox"/> Surrounding Towns <input type="checkbox"/> Anywhere in Region 4A <input type="checkbox"/> Massachusetts <input type="checkbox"/> New England					
By signing below, I am granting permission to the Medical Reserve Corps a release to use photographs/video/pictures of me in the course of MRC activities, deployments, trainings to the media, social media pages, newsletters and other publications.					
Signature				Date	

## 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.

**MEDICAL RESERVE CORP REGION 4A**  
(mail) FRAMINGHAM HEALTH DEPARTMENT  
150 CONCORD STREET, FRAMINGHAM, MA 01702  
(drop off) 113 CONCORD STREET, FRAMINGHAM 01702  
for additional information contact **Roberta Ho** [mrc@region4a-ma.org](mailto:mrc@region4a-ma.org) 508-988-5716



The Commonwealth of Massachusetts  
Department of Public Health  
Office of Preparedness and Emergency Management  
250 Washington Street, Boston, MA 02108-4619

CHARLES D. BAKER  
Governor

KARYN E. POLITO  
Lieutenant Governor

MARYLOU SUDDERS  
Secretary

EILEEN M. SULLIVAN  
Acting Commissioner

**CRIMINAL OFFENDER RECORD INFORMATION (CORI)**  
**ACKNOWLEDGEMENT FORM**

The City of Framingham is required under the provisions of M.G.L. c. 6, § 172 to receive CORI for the purpose of screening current and otherwise qualified prospective employees, subcontractors, volunteers, license applicants, current licensees, and applicants for rental or lease of housing.

As a prospective or current employee, subcontractor, volunteer, license applicant, current licensee, or applicant for the rental or lease of housing, I understand that a CORI check will be submitted for my personal information to the DCJIS (Department of Criminal Justice Information Services). I hereby acknowledge and provide permission to City of Framingham MRC/Board of Health staff to submit a CORI check with my information to the DCJIS. This authorization is valid for one year from the date of my signature. I may withdraw this authorization at any time by providing the City of Framingham MRC/Board of Health staff with written notice of my intent to withdraw consent to a CORI check.

FOR EMPLOYMENT, VOLUNTEER, AND LICENSING PURPOSES ONLY: The City of Framingham may conduct subsequent CORI checks within one year of the date this Form was signed by me provided, however, the City of Framingham MRC/Board of Health staff must first provide me with written notice of this check.

By signing below, I provide my consent to a CORI check and acknowledge that the information provided on Page 2 of this Acknowledgement Form is true and accurate.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

VOLUNTEER UNIT \_\_\_\_\_ MRC in Region 4A

*Once received by MA Responds this Acknowledgement Form will be used to run a CORI and will then be kept secure in a locked file cabinet at the Local Health Department for a minimum of one year.*

**MAIL FORM TO:**  
**MEDICAL RESERVE CORPS REGION 4A**  
FRAMINGHAM BOARD OF HEALTH  
150 CONCORD STREET, FRAMINGHAM, MA 01702  
For additional information contact  
Roberta Ho at [mrc@region4a-ma.org](mailto:mrc@region4a-ma.org) 508-988-5716

SUBJECT INFORMATION (PLEASE PRINT): (an asterisk (\*)) denotes a required field)

\_\_\_\_\_  
**\*Last Name**

\_\_\_\_\_  
**\*First Name**

\_\_\_\_\_  
Middle Name

\_\_\_\_\_  
Suffix

\_\_\_\_\_  
**Maiden Name (or other name(s) by which you have been known, if applicable)**

\_\_\_\_\_  
**\*Date of Birth**

\_\_\_\_\_  
**\*Place of Birth**

**The last 6 digits of your Social Security Number** \_\_\_\_\_ - \_\_\_\_\_ *(required for CORI)*

Sex: \_\_\_\_\_

Height: \_\_\_\_ ft. \_\_\_\_ in.

Eye Color: \_\_\_\_\_

Race: \_\_\_\_\_

Driver's License or ID Number: \_\_\_\_\_ State of Issue: \_\_\_\_\_

\_\_\_\_\_  
Mother's Full Maiden Name

\_\_\_\_\_  
Father's Full Name

Current and Former Addresses:

\_\_\_\_\_  
Street Number & Name

\_\_\_\_\_  
City/Town

\_\_\_\_\_  
State    Zip

\_\_\_\_\_  
Street Number & Name

\_\_\_\_\_  
City/Town

\_\_\_\_\_  
State    Zip

\_\_\_\_\_  
**DO NOT WRITE BELOW THIS LINE**

*(For requestor's use only)*

The above information was verified by reviewing the following form(s) of government-issued identification:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

VERIFIED BY:

\_\_\_\_\_  
Name of Verifying (Please Print)

\_\_\_\_\_  
Signature of Verifying



# INCIDENT COMMAND SYSTEM 100

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## Course Overview:

**ICS 100, Introduction to the Incident Command System**, introduces the Incident Command System (ICS) and provides the foundation for higher level ICS training. This course describes the history, features and principles, and organizational structure of the Incident Command System. It also explains the relationship between ICS and the National Incident Management System (NIMS). The Emergency Management Institute developed its ICS courses collaboratively with:

- + National Wildfire Coordinating Group (NWCG)
- + U.S. Department of Agriculture
- + United States Fire Administration's National Fire Programs Branch

## Course Objectives:

At the completion of this course, you should be able to:

- + Explain the principles and basic structure of the Incident Command System (ICS).
- + Describe the NIMS management characteristics that are the foundation of the ICS.
- + Describe the ICS functional areas and the roles of the Incident Commander and Command Staff.
- + Describe the General Staff roles within ICS.
- + Identify how NIMS management characteristics apply to ICS for a variety of roles and discipline areas.

## Primary Audience:

The target audience includes persons involved with emergency planning and response or recovery efforts.

## Prerequisites

None

## CEUs:

0.2

## Course Length:

2 hours

## FEMA WEBSITE

<https://training.fema.gov/is/courseoverview.aspx?code=IS-100.c>

If you took the ICS 100 training and need to find your certificate, you can look up your FEMA certification at link <https://cdp.dhs.gov/sso/> Volunteers will need FEMA SID (Student Identification Number) and password to your account. If they have forgotten either, you can request the SID or make a new password after answering a few security questions.