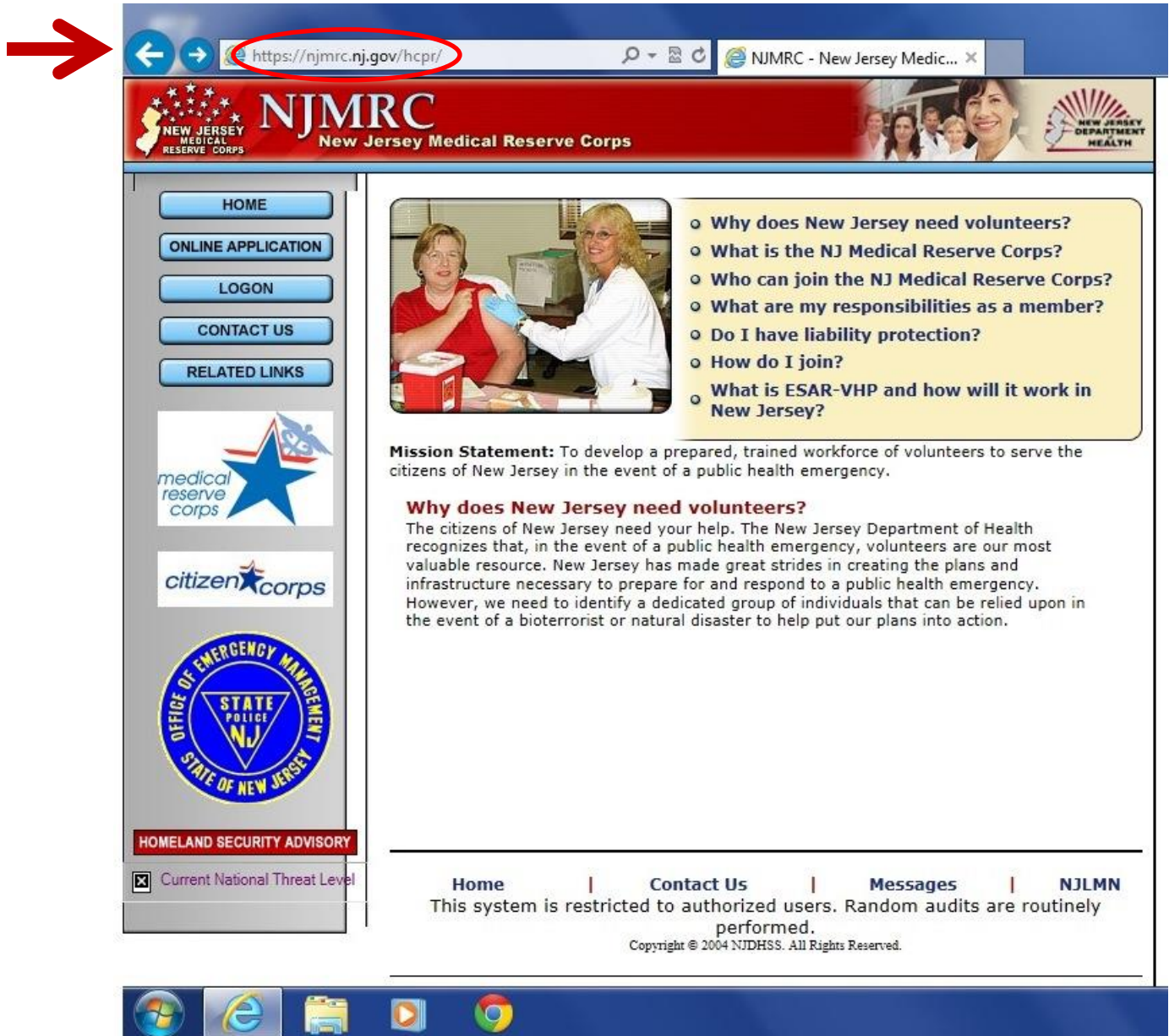


# Instructions for NJEMS Taskforce Members to sign up for Mercer County MRC

1. Go to <https://njmrc.nj.gov/hcpr/>



The screenshot shows a web browser window displaying the NJMRC website. A red arrow points to the address bar, which contains the URL <https://njmrc.nj.gov/hcpr/>. The website header features the NJMRC logo and the New Jersey Department of Health logo. The main content area includes a navigation menu on the left with buttons for HOME, ONLINE APPLICATION, LOGON, CONTACT US, and RELATED LINKS. Below the navigation menu are logos for medical reserve corps, citizen corps, and the Office of Emergency Management. The main content area features a photograph of two women, one in a white lab coat and one in a red shirt, and a list of questions about volunteering. The footer contains a security advisory, navigation links, and a copyright notice.

**Navigation Menu:**

- HOME
- ONLINE APPLICATION
- LOGON
- CONTACT US
- RELATED LINKS


**Logos:**

- medical reserve corps
- citizen corps
- OFFICE OF EMERGENCY MANAGEMENT STATE POLICE NJ STATE OF NEW JERSEY

**Home Land Security Advisory:**

Current National Threat Level

**Main Content:**



- Why does New Jersey need volunteers?
- What is the NJ Medical Reserve Corps?
- Who can join the NJ Medical Reserve Corps?
- What are my responsibilities as a member?
- Do I have liability protection?
- How do I join?
- What is ESAR-VHP and how will it work in New Jersey?

**Mission Statement:** To develop a prepared, trained workforce of volunteers to serve the citizens of New Jersey in the event of a public health emergency.

**Why does New Jersey need volunteers?**

The citizens of New Jersey need your help. The New Jersey Department of Health recognizes that, in the event of a public health emergency, volunteers are our most valuable resource. New Jersey has made great strides in creating the plans and infrastructure necessary to prepare for and respond to a public health emergency. However, we need to identify a dedicated group of individuals that can be relied upon in the event of a bioterrorist or natural disaster to help put our plans into action.

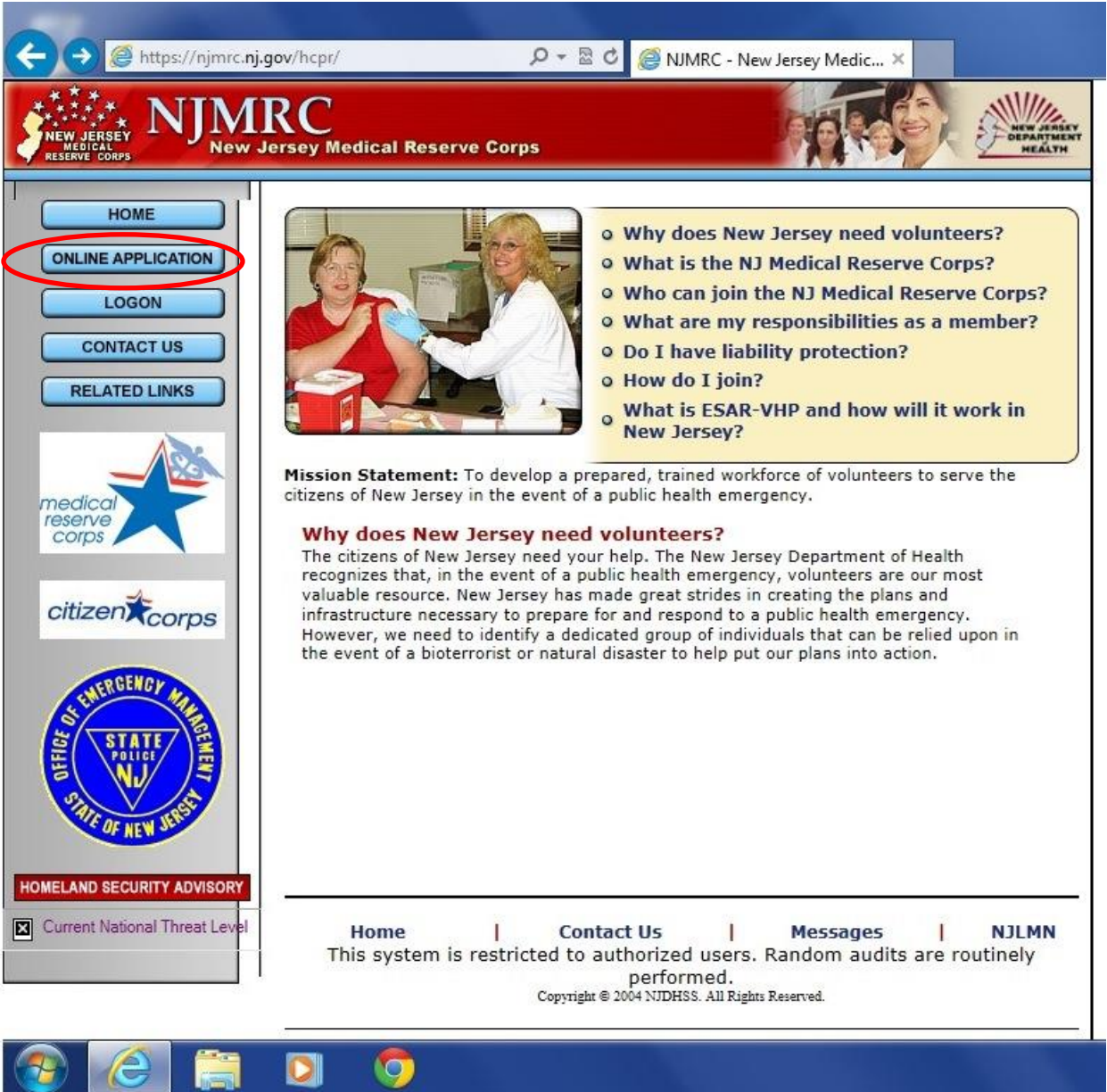
**Footer:**

Home | Contact Us | Messages | NJLMN

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## 2. Click on Online Application



The screenshot shows a web browser window with the URL <https://njmrc.nj.gov/hcpr/>. The page header features the NJMRC logo and the New Jersey Department of Health logo. A navigation menu on the left includes buttons for HOME, ONLINE APPLICATION (highlighted with a red circle and a red arrow), LOGON, CONTACT US, and RELATED LINKS. Below the menu are logos for medical reserve corps, citizen corps, and the Office of Emergency Management. A red banner at the bottom left indicates a Homeland Security Advisory level of Current National Threat Level.

**ONLINE APPLICATION**

**Why does New Jersey need volunteers?**

- What is the NJ Medical Reserve Corps?
- Who can join the NJ Medical Reserve Corps?
- What are my responsibilities as a member?
- Do I have liability protection?
- How do I join?
- What is ESAR-VHP and how will it work in New Jersey?

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3. Scroll down to Mercer County Medical Reserve Corps and click on Health Care Professional Volunteer Application



Scroll Down



The screenshot shows a web browser window with the URL <https://njmrc.nj.gov/hcpr/jsp/signup.jsp> and a tab titled "NJ MRC Application". The browser displays a table with the following data:

<b>CUMBERLAND COUNTY MEDICAL RESERVE CORPS</b>	Health Care Professional Volunteer Application	Community Health Volunteer Application
<b>ESSEX COUNTY PUBLIC HEALTH RESERVE CORPS</b>	Health Care Professional Volunteer Application	Community Health Volunteer Application
<b>GLOUCESTER COUNTY MEDICAL RESERVE CORPS</b>	Health Care Professional Volunteer Application	Community Health Volunteer Application
<b>HUDSON REGIONAL HEALTH COMMISSION</b>	Health Care Professional Volunteer Application	Community Health Volunteer Application
<b>HUNTERDON COUNTY MEDICAL RESERVE CORPS</b>	Health Care Professional Volunteer Application	Community Health Volunteer Application
<b>MANALAPAN TOWNSHIP MEDICAL RESERVE CORPS</b>	Health Care Professional Volunteer Application	Community Health Volunteer Application
<b>MERCER COUNTY MEDICAL RESERVE CORPS</b>	Health Care Professional Volunteer Application	Community Health Volunteer Application
<b>MIDDLESEX COUNTY MEDICAL RESERVE CORPS</b>	Health Care Professional Volunteer Application	Community Health Volunteer Application
<b>MONMOUTH COUNTY HEALTH DEPARTMENT MEDICAL RESERVE CORPS</b>	Health Care Professional Volunteer Application	Community Health Volunteer Application
<b>MORRIS COUNTY MEDICAL RESERVE CORPS</b>	Health Care Professional Volunteer Application	Community Health Volunteer Application
<b>NEWARK DEPT OF HEALTH MEDICAL</b>	Health Care Professional Volunteer Application	Community Health Volunteer Application



4. Fill out the Application

Browser address bar: <https://njmrc.nj.gov/hcpr/jsp/formmedicalreser> Health Care Professional Vo... x

**NJMRC**  
New Jersey Medical Reserve Corps

**NEW JERSEY DEPARTMENT OF HEALTH**

### State of New Jersey Medical Reserve Corps New Jersey Department of Health

### Health Care Professional Volunteer Application

### MERCER COUNTY MEDICAL RESERVE CORPS

Date of Application (mm/dd/yyyy)  
09/11/2013

#### Personal Information

\* Last Name:  \* First Name:  Middle Name:  Nickname:

Date of Birth (mm/dd/yyyy):

\* Street Address:  \* City:  \* County:  \* State:  \* Zip:

Mailing Address (if different):  City:  State:  Zip:

\* Note: Please enter at least one Phone No.  
Home Phone Number:  Home Fax Number:   
Cell Phone Number:  Pager Number:

Provide the e-mail where you want to receive messages:

\* Do you possess a valid driver's license?  Yes  No  
Driver's License Number:  Expiration Date:  Class:  State:

#### Employment Information

Place of Employment:

Taskbar icons: Windows, Internet Explorer, File Explorer, VLC, Chrome

5. Enter NJEMS Taskforce in the comments for the question “Are you committed to any other organization or institution, by virtue of employment or volunteerism, in the event of a public health emergency? If yes, explain.”

Health Care Professional

https://njmrc.nj.gov/hcpr/jsp/formmedicalreservecorp.jsp?orgId=10145

\*Note: Please enter at least one phone no.

Home Phone Number    Work Phone Number    Extn

Cell Phone Number    Pager Number

### Additional Information

Language:	Fluent?	Speak?	Read?	Write?
Choose	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Choose	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Choose	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Choose	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Choose	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Question	Yes	No	Comment
Are you willing to travel and volunteer outside of your county?	<input type="radio"/>	<input type="radio"/>	
Are you willing to participate in a Federally coordinated emergency response?	<input type="radio"/>	<input type="radio"/>	
Willing to provide translation service?	<input type="radio"/>	<input type="radio"/>	
Do you have ability to communicate using sign language?	<input type="radio"/>	<input type="radio"/>	
Have you been immunized against Smallpox?	<input type="radio"/>	<input type="radio"/>	
Year of most recent smallpox vaccination			
Do you have any special needs or restrictions? If so, please explain.	<input type="radio"/>	<input type="radio"/>	
Are you committed to any other organization or institution, by virtue of employment or volunteerism, in the event of a public health emergency? If yes, explain.	<input checked="" type="radio"/>	<input type="radio"/>	
Do you have particular expertise and agree to be available for consultation or response throughout the state?	<input type="radio"/>	<input type="radio"/>	
Has your professional license or certification ever been suspended or revoked in New Jersey or any other state.	<input type="radio"/>	<input type="radio"/>	

### Professional Licensure, Certification, Specialties, Experience

\*Name on License/ Certification


\*License/Certification Number

State on License/Certification    License Type

\*Status  
ACTIVE

Specialty within the above professional licensure/certification that you possess:

Sub speciality within the above professional licensure/certification that you possess:



6. Check the Mercer County NJ EMS Task force check box under “Experience: Do you have any of the following skills?”

The screenshot shows a web browser window with the address bar displaying <https://njmrc.nj.gov/hcpr/jsp/formmedicalreservecorp.jsp?orgId=10145>. The page contains a list of skills with checkboxes. A red arrow points to the checkbox for "Mercer County NJ EMS Task Force", which is also circled in red. Below the list is a section titled "Training/Continuing Education" with the instruction "Have you completed any training or continuing education programs in the following areas? If so, please check." followed by another list of training programs with checkboxes.

<input type="checkbox"/> CRNA (Nurse Anesthetist)	<input type="checkbox"/> Marriage and Family Therapist
<input type="checkbox"/> LPN (Licensed Practical Nurse)	<input type="checkbox"/> Medical Record and Health Information Technicians
<input type="checkbox"/> NP (Nurse Practitioner)	<input type="checkbox"/> Mental Health Counselor
<input type="checkbox"/> Nurse Midwife	<input type="checkbox"/> Mental Health Social Worker
<input type="checkbox"/> Nursing Assistant/Patient Care Associate	<input type="checkbox"/> Mental Health Therapist
<input type="checkbox"/> RN (Registered Nurse)	<input type="checkbox"/> Social Worker (BSW, MSW)
	<input type="checkbox"/> Substance Abuse Social Worker
<input type="checkbox"/> Cardiovascular Technologists and Technicians	<input type="checkbox"/> Environmental Health Specialist
<input type="checkbox"/> Dental Technician	<input type="checkbox"/> Epidemiologist
<input type="checkbox"/> Diagnostic Medical Sonographers	<input type="checkbox"/> Health Educator
<input type="checkbox"/> EMT (Emergency Medical Technician)	<input type="checkbox"/> Health Officer
<input type="checkbox"/> Funeral Director/Mortician	<input type="checkbox"/> Health Planner
<input type="checkbox"/> Informational Technologist (IT)	<input type="checkbox"/> Industrial Hygienist
<input type="checkbox"/> Laboratory Technician	<input type="checkbox"/> Microbiologist
<input type="checkbox"/> Medical and Clinical laboratory Technologists	<input type="checkbox"/> Pastoral Care Professional
<input type="checkbox"/> Mercer County NJ EMS Task Force	<input type="checkbox"/> Psychologist
<input type="checkbox"/> PT/OT (Physical or Occupational Therapist)	<input type="checkbox"/> Public Information Officer
<input type="checkbox"/> Paramedic	<input type="checkbox"/> Student of the Health Professions, please specify
<input type="checkbox"/> Radiology Technician	<input type="checkbox"/> Translator/Linguist

**Training/Continuing Education**  
Have you completed any training or continuing education programs in the following areas? If so, please check.

<input type="checkbox"/> Advanced Cardiac Life Support (ACLS)	<input type="checkbox"/> Hazardous Materials Training (HAZMAT) Biological
<input type="checkbox"/> Advanced Trauma Life Support (ATLS)	<input type="checkbox"/> Hospital Preparedness
<input type="checkbox"/> Basic Cardiac Life Support (BLS)	<input type="checkbox"/> Incident Command Training (ICS)
<input type="checkbox"/> Basic Disaster Life Support (BDLS)	<input type="checkbox"/> Isolation and Quarantine
<input type="checkbox"/> Bloodborne Pathogens	<input type="checkbox"/> Mental Health Training for Disasters
<input type="checkbox"/> CPR/First Aid	<input type="checkbox"/> Pediatric Advanced Life Support (PALS)

## 7. Complete the application


Health Care Professional \ x


← → ↻ <https://njmrc.nj.gov/hcpr/jsp/formmedicalreservecorp.jsp?orgId=10145>

<input type="checkbox"/> Basic Cardiac Life Support (BLS)	<input type="checkbox"/> Incident Command Training (ICS)
<input type="checkbox"/> Basic Disaster Life Support (BDLS)	<input type="checkbox"/> Isolation and Quarantine
<input type="checkbox"/> Bloodborne Pathogens	<input type="checkbox"/> Mental Health Training for Disasters
<input type="checkbox"/> CBRNE Training	<input type="checkbox"/> Pediatric Advanced Life Support (PALS)
<input type="checkbox"/> Citizen Emergency Response Team (CERT) Training	<input type="checkbox"/> Triage
<input type="checkbox"/> CPR/AED	<input type="checkbox"/> Vaccination administration smallpox
<input type="checkbox"/> Exercise design and evaluation	<input type="checkbox"/> Vaccination administration
<input type="checkbox"/> First Aid	<input type="checkbox"/> Venipuncture
<input type="checkbox"/> Fit Testing for Particulate Respirators	<input type="checkbox"/> Weapons of Mass Destruction (WMD) Training

### Expectations of NJ Medical Reserve Corps Professional Health Volunteers

As a volunteer with the New Jersey Medical Reserve Corps, I will be called upon to assist in the event of a public health emergency. I agree to attend an educational program to explain my role in disaster preparedness; I will be assigned duties based on my level of training and experience. I understand that submitting this application does not guarantee acceptance into the NJ Medical Reserve Corps. The information contained in this application is, to the best of my knowledge, truthful. I agree to serve my fellow citizens to the best of my professional ability.

  I Agree to the above statement  
Failure to agree to the above statement invalidates application.



\*Required Field  
If you have technical difficulties, please contact the Help Desk at (800) 883-0059

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