



Join the **WERC**

Weston Emergency Reserve Corps



Be Prepared to Help Your Self, Your Family, and Your Community

Weston needs you! Join the WERC, a volunteer organization that exists to strengthen the town's public health infrastructure and improve emergency readiness. It does this by arranging for the coordination, training, and mobilization of medical and non-medical volunteers to be able to support disaster preparedness, relief, and recovery, as well as to provide emergency medical assistance and public health outreach. The WERC is sponsored by the Weston Board of Health, but as the Weston Branch of the Medical Reserve Corps it exists as a part of a dynamic network of local, regional, and national organizations dedicated to rapid, safe, and effective crisis response.

Benefits of volunteering for the WERC:

- ★ Assist (to the extent you are able) with local crisis readiness & response
- ★ Increase your own preparedness so that you and your family will be safe
- ★ Serve your family, friends, and neighbors, in Weston and beyond
- ★ Network with other crisis response volunteers and professionals
- ★ Participate in initiatives that enhance and strengthen public health and safety, such as vaccination and wellness education programs
- ★ Join teams mobilized during national emergencies, such as major storms and pandemics
- ★ Get free training and continuing education in areas including:
 - Personal health and safety in emergency situations
 - Sheltering
 - Emergency management
 - Local emergency response plans, procedures, and facilities

If you are interested in becoming a WERC volunteer or have questions, please contact Kelly Pawlucznek, Weston's Director of Public Health, by email at pawlucznek.k@westonma.gov or call 781-786-5030. Scanning the QR code on the right will take you to the WERC page on the Weston town website where you will find more information and a downloadable application.





VOLUNTEER APPLICATION



Please print or type

Name		Age:	Eye Color:
Street Address (Mailing)		Height:	Weight:
City	State	Zip	
Home Phone	Work Phone	Cell Phone	
Email		Employer	
This section for Licensed Medical volunteers. I am a <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 # _____	Emergency contact information: Name: Address: Home #: Cell #:		
	Languages:		Driver's License #:
	Other Vehicle or Special Licenses or Certifications: 1. 2.		
Level of Participation Desired: I prefer to be... <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			
Background Check (required): Mass Dept. of Public Health-MA Responds, Region 4ab MRC, and the Town of Weston have been certified by the Department of Criminal Justice Information Services (formerly the Criminal History Systems Board) for access to conviction and pending criminal case data. As an applicant for the Medical Reserve Corps, I understand that criminal record (aka CORI) and sex offender (aka SORI) checks will be conducted for conviction and pending criminal case information only and that it will not necessarily disqualify me. The information contained herein is correct to the best of my knowledge.			
Date of Birth ____/____/____		Social Security (last six digits <u>only</u>) # XXX-____-_____	
Signature _____		Date ____/____/____	
Location Preference for Deployment: (Check all that apply) <input type="checkbox"/> My Town <input type="checkbox"/> Surrounding Towns <input type="checkbox"/> Anywhere in MA Region 4ab <input type="checkbox"/> Massachusetts <input type="checkbox"/> New England <input type="checkbox"/> _____			
Media Release (optional): By signing below, I am granting permission to the Medical Reserve Corps 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 4ab 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.

Return to: Kelly Pawluczonek, Public Health Director
Weston Town Hall, P.O. Box 378, Weston, MA 02493
Telephone: 781-786-5030 Email: pawluczonek.k@westonma.gov