

1 Based on the information provided, would you consider volunteering with the Medical Reserve Corps?

- Yes
- No

If the answer to question 1 is no, please disregard the rest of this survey. However, for our data collection purposes, we would appreciate it if you would kindly return this survey in the envelope provided.

2 You are currently a (check all that apply):

- Physician
- RN
- LPN
- Physician's assistant
- Dentist
- Dental assistant
- Nurse Practitioner
- Psychiatrist/psychologist
- Radiologist
- Pharmacist
- EMT/Paramedic

2b If you are a Physician, are you registered with the Medical Society of the State of New York (MSSNY) database?

- Yes
- No
- Do not know

3 How long have you been certified/licensed to practice?

- Under 5 years
- 5-10 years
- 11-15 years
- 16-20 years
- 22-25 years
- 26-30 years
- 31+ years

4 Do you currently work in a hospital?

- Yes
- No

5 Are you currently active in an EMS or fire agency?

- Yes
- No

6 How many hours per month do you provide volunteer services in your community?

- 0-5
- 6-10
- 11-15
- 16-20
- 21-25
- 25 +

7 I volunteer for (check all that apply):

- Church/faith based groups
- Youth related services
- Elderly care organizations
- Animal/pet advocacy
- Political party
- Public advocacy
- Public service
- Professional organizations (ACEP, ENA, NAEMT, etc.)

8 Are you interested in receiving training in disaster management techniques?

- Yes
- No

9 Are you interested in receiving training in the following? (check all that apply)

- CPR/AED
- First aid
- Triage
- Decontamination techniques
- MCI management
- Communications techniques
- Recognition of biological and chemical agents

10 If you are not interested in providing patient care, would you be interested in providing any of the following?

- Logistical support
- Clerical support
- Communications support
- Immunizations
- Counseling
- Other, please specify
