

Volunteer Application for Daviess County Health Department

Personal Information (all information provided will be kept confidential)

First Name:	Last Name:	M.I.
Address:		City, State, Zip:
Home Phone:	Work Phone:	Cell Phone:
Email Address:		
Best way to contact you? (circle one)	Home	Work
	Cell	Text
	Email	
Emergency Contact Name:		Phone:

Availability (if a disaster or issue occurred, check potential times of availability)

Check boxes:	<input type="checkbox"/> Weekends only
<input type="checkbox"/> Daytime	<input type="checkbox"/> Varies
<input type="checkbox"/> Evenings	<input type="checkbox"/> Anytime

Counties (if a disaster or event occurred, check counties you could assist with as a volunteer)

Check boxes:	<input type="checkbox"/> All	<input type="checkbox"/> Dubois	<input type="checkbox"/> Crawford	<input type="checkbox"/> Vanderburgh
<input type="checkbox"/> Daviess	<input type="checkbox"/> Gibson	<input type="checkbox"/> Knox	<input type="checkbox"/> Martin	<input type="checkbox"/> Warrick
<input type="checkbox"/> Perry	<input type="checkbox"/> Pike	<input type="checkbox"/> Posey	<input type="checkbox"/> Spencer	

Type of Volunteer:

Check all boxes that apply:	<input type="checkbox"/> Finance	<input type="checkbox"/> Communications
<input type="checkbox"/> Greeter	<input type="checkbox"/> RN or LPN (circle one)	<input type="checkbox"/> Data Input
<input type="checkbox"/> Set up/tear down	<input type="checkbox"/> Physician	<input type="checkbox"/> Translator
<input type="checkbox"/> Running errands	<input type="checkbox"/> Medical (field?) _____	<input type="checkbox"/> Public Education
<input type="checkbox"/> Traffic Control	<input type="checkbox"/> Security	<input type="checkbox"/> General

Please list any other special skills / training you believe would be helpful during a public health emergency: i.e. languages spoken, computer skills, certifications, equipment or machinery, etc.

By signing and dating below, you agree to be contacted in order to implement or verify your ability to assist in a public health emergency. You may periodically be contacted with possible training aids, health information, or other health department opportunities.

Volunteer's Signature: _____ **Date:** _____