Hancock County Health Department
Volunteer Information Form

The information requested on this data sheet will be used by the Hancock County Health Department (HCHD) to provide credentials in the event of a public health emergency. All information will be treated as confidential. This information will be used to build a database to be used in emergencies and better assist the HCHD and all first responders in identifying and protecting all volunteers. Please fill out the information below to ensure that we have your most current contact information. Please notify us if any of your information changes.

Last Name:_____   First Name:_____ M.I._____

Address:_____

_____

_____

Phone
Home:_____
Work:_____
Cell:_____

Email Address:_____

Last four digits of Social Security Number:_____

Occupation:_____

Agency of Employment:_____

Number of People in Household:_____

Emergency Contact: Name_____ Telephone #_____

Current Medications: _____

_____

Medication Allergies: _____

Please check any of the following in which you have expertise and training.

____First Aid (current card yes/no)   ____Advanced Computer Skills

____CPR (current yes/no)   ____Interpreter

____Triage   ____AED

____Emergency Planning   ____Emergency Management

____Bi/Multi-lingual (what language(s))_____

____Food Preparation   ____Ham Radio Operator

____Recreational Leader

Interest in Supervisory Roles: Please check one or all that might interest you:

___Incident Commander (Clinic Manager)   ___Public Information Officer

___Safety Officer   ___Liaison Officer

___Operations Chief   ___Planning Chief

___Logistics Chief   ___Finance/Admin Chief

**Would you be interested in being a part of the Medical Reserve Corp of
Hancock County?** Yes____ No____

**Do you want your information entered into the Indiana Health Alert Network (IHAN) emergency
alert notification system?** This system is maintained by the Indiana State Department of Health and will
notify you of emergency situations within the State and your county. You may from time to time receive
test messages if you elect to be included in this. You can however, indicate if you don't want some or all
of your phone numbers and/or email addresses included.
Are you interested: Yes_____ No_____
Is there any information you **do not** want included in this database?_____

**All information and documentation submitted by me on this form is correct and complete to my best
knowledge and belief. I consent to the release of all information that may be relevant to an
evaluation of my credentials.**

Name (please print)_____

Signature:_____

Date:_____