



# VOLUNTEER APPLICATION

## Clark County

Please print or type

Name		Sex	Height	Weight	Eye color		
Street Address (Mailing)				Maiden Name			
City		State		Zip			
Home Phone	Work Phone		Cell Phone				
Email			Employer				
<b>Type: Medical Professional:</b> <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"/> Mental Health <input type="checkbox"/> Social Worker <input type="checkbox"/> EMT <input type="checkbox"/> Non Medical <input type="checkbox"/> Other _____ _____		<b>Emergency contact information:</b> Name: Address: Home #: Cell #:			
License or Certificate/Registration Number:			Languages:		Drivers License #:		
			State License Held:		Expiration Date:		
<b>Level of Participation Desired: I prefer to be:</b> <input type="checkbox"/> <b>ACTIVE</b> Receive notifications of ALL training opportunities, training drills & exercises, Emergency events, as well as non-emergency volunteer opportunities <input type="checkbox"/> <b>LIMITED</b> Receive only notification of training drills & exercises and all emergency events							
<b>Volunteer Interests: Check all that apply:</b> Administration___ Public Safety___ Phone Bank___ Steering Committee___ Clinical___ Fundraising___ Database___ Newsletter Production___ Volunteer Coordination___ Behavioral Health___ Deliveries___ Clerical Help___							
<b>A Criminal and Sexual Background Check is required of all volunteers:</b> I do hereby give Clark County Medical Reserve Corps permission to release personal information with local, state and federal emergency management agencies and other Health and Human Service agencies as needed.							
Date of Birth _____							
Signature _____ Date _____							
<i>The above information was verified by viewing a US government issued identification</i>							
<b>Location Preference for Responding: Check all that apply</b>							
H1N1 Mass vaccine clinic for Clark County	[ ]	District 9	[ ]	Kentucky	[ ]	Any where in the US	[ ]
Surrounding Towns	[ ]	Indiana	[ ]	Ohio	[ ]	Any where in the world	[ ]
Signature					Date		

**Privacy Act Statement** This information is requested by Clark County 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.