Volunteer Registration Form

Please complete the following information and return this form with a copy of your driver's license or State issued ID to:

Charles County Department of Health, Volunteer Program,
4545 Crain Highway, P. O. Box 1050, White Plains, MD 20695-1050

Legal, Proper Name: (last, first, middle initial):		
Date of Birth:	**Social Security Number:** - -	
Home Address:		
City, State, Zip:		
Home Phone:	**Work Phone:**	**Cell Phone:**
Employer:	**Job Title:**	**Email:**
Emergency Contact Name:	**Emergency Contact Phone #:**	

Are you currently or have you ever been a Charles County Department of Health Volunteer?	□ **Yes**	□ **No**	
Do you have the ability to stand continuously for a minimum of 4 hours?	□ **Yes**	□ **No**	
Are you a health care professional? □ **Yes** □ **No**	**Licensed** □ **Yes** □ **No**	**State**	**Lic. # & Exp.**
Other License(s)/Certificates(s):			

Experience, Skills and Areas of Volunteer Interest (Please check all that apply)

Directing Traffic □	Computer Skills/Data Entry □	Medical Records □	Clinic Participation □
Parking Control □	Stuffing, Labeling Envelopes □	First Aid/CPR □	Other (please specify):
Registration Assistance □	Fold Brochures, Shred, etc. □	Medical Diagnosis □	
Participating in Health Fairs □	Materials Sorting □	Medication Distribution □	
Fielding/Logging Calls □	Packaging Materials □	Providing Vaccination □	

Are you interested in assisting in other public health emergencies in outlying counties?	□ **Yes**	□ **No**
Can we call upon you for other public health emergencies? (Such as a communicable disease outbreak?)	□ **Yes**	□ **No**

Do you speak a foreign language? □ **Yes** □ **No**	**Please list languages:**

Speak fluently: □ **Yes** □ **No** **Reading/Writing:** □ **Yes** □ **No** **Medical Translation:** □ **Yes** □ **No**

List Motivations—Skills—Expectations:_____

_____

_____

Please indicate whether you have received any of the following vaccinations.

Vaccinations		**Year(s) Received**
MMRV	□ Yes □ No □ Unknown □ Incomplete	
Anthrax	□ Yes □ No □ Unknown □ Incomplete # of Vaccinations Received:	
Hepatitis B	□ Yes □ No □ Unknown □ Incomplete	
Smallpox	□ Yes □ No □ Unknown □ As a child only? # of Vaccinations Received:	
Meningitis	□ Yes □ No □ Unknown	