



FARMINGTON VALLEY HEALTH DISTRICT

POD Clinic Volunteer Registration Form
Non-Medical Volunteer

(*Please Print)

First Name: _____ Last Name: _____

Mailing Address: _____

Town: _____ State: _____ Zip Code: _____

Phone (day): _____ Phone (evening): _____

Cell Phone: _____ Pager: _____

Home Email: _____ Fax: _____

Occupation: _____

Are you currently working in this area? Yes No

Do you have any special skills or interests that you'd like to share with us that would be useful in helping at a public health clinic (check all that apply):

- | | |
|--|--|
| <input type="checkbox"/> Customer Service | <input type="checkbox"/> Scheduling |
| <input type="checkbox"/> Planning / Logistics | <input type="checkbox"/> Management / Leadership |
| <input type="checkbox"/> Finance / Accounting | <input type="checkbox"/> Employee In-Service (training) |
| <input type="checkbox"/> Communication (written) | <input type="checkbox"/> Donations / Charity Work |
| <input type="checkbox"/> Supply / Inventory Management | <input type="checkbox"/> Special Needs Populations (elderly, children, etc.) |
| <input type="checkbox"/> Security | <input type="checkbox"/> Public Speaking |
| <input type="checkbox"/> Secretarial / Clerical | <input type="checkbox"/> Foreign Language: _____ |
| <input type="checkbox"/> Information Technology | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Computers | |
| <input type="checkbox"/> Audio Visual | |
| <input type="checkbox"/> Database Management | |

Are you are a member of a service organization that would respond in a community emergency? No Yes

If "Yes," please describe: _____

Are you interested in being involved in Clinic Planning or in a Clinic Manager position?
 Yes No Maybe

Would you be interested in periodic training opportunities?
 Yes No Maybe

Would you be willing to participate in drills and exercises?
 Yes No Maybe

Questions / Comments: _____

The information you provide on this form will be used solely for emergency preparedness and response purposes by the Farmington Valley Health District and, for official reporting purposes only, the Connecticut Department of Public Health. The Farmington Valley Health District will provide you with information regarding important training courses, as well as opportunities to participate as a clinic volunteer during public health emergency response drills and exercises throughout the year. Thank you, in advance, for your willingness to assist us in protecting the community in this important and worthwhile endeavor.

Please **MAIL** or **FAX** completed form to:

Farmington Valley Health District
c/o Emergency Preparedness Coordinator
P.O. Box 529
50 Avon Meadow Lane
Avon, CT 06001

Phone: (860) 676-1953
Fax: (860) 676-2131
E-mail: info@fvhd.org
Website: <http://www.fvhd.org>

Additional copies of this form can be found on our website.