

FARMINGTON VALLEY HEALTH DISTRICT
CLINIC VOLUNTEER REGISTRATION FORM

MEDICAL

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

Specialty: _____

License / Certification Information: State: _____

License Type: _____ License # _____

Exp. Date: _____ Status: Active Inactive Retired

In the event of an incident, will you need to respond to your place of
employment or another agency? Yes No

If you are fluent in a language other than English, please list language(s) here:

Medical Volunteer Areas (check all that apply)

- Physician Evaluator (MD, APRN, PA)
- Vaccinator (RN, *possibly dentists, veterinarians*)
- Medical Screening (RN)
- Triage
- Pharmacist
- EMT / Paramedic
- Mental Health Support
- Patient Education
- Exit Review

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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

Any questions or comments: _____

FAX or MAIL completed form to:

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

Phone: (860) 676-1953
Fax: (860) 676-2131

E-mail: infor@fvhd.org
Website: <http://www.fvhd.org>

Thank You!