

Hancock County Health Department Universal Volunteer Application

Personal Information

Name: _____

Address: _____

Phone Numbers:

Email Address: _____

Employment Information (Title, Place of Employment):

Emergency Contact Information (Name, Phone Numbers):

1) _____

2) _____

3) _____

Describe any restrictions on your activities (physical, medical, mental):

Date of last tetanus shot: _____

Are you currently charged with or have you ever been convicted of a felony?

Check one. Yes () No ()

If yes, please explain:

General Availability:

Sunday Monday Tuesday Wednesday Thursday Friday Saturday

AM

PM

Do you have personal transportation? *Check one.* Yes () No ()

Geographic Preference: _____

Are you willing/able to do manual labor? *Check one.* Yes() No ()

Skills & Qualifications:

Fluency in Language(s) other than English:

Licenses/Professional Certifications:

Professional Background:

Education Background:

Computer Skills:

Prior or Current Volunteer Experience:

Prior Disaster Relief Experience:

Other Skills: (Check all that apply)

- _____ Administrative/Secretarial
- _____ Accounting/Finance/Bookkeeping
- _____ Civil Servant (Police, Firefighter, etc)
- _____ Child Care
- _____ Customer Service
- _____ Food Service (help prepare & serve meals)

_____Health Services (Doctor, Nurse, EMT)

_____Human Resources (interviewing, recruiting, etc.)

_____Mental Health Counselor/Social Worker

_____Management

_____Technical (IT professional, etc.)

_____Trade: _____

_____Transportation (Professional Truck/Bus Driver)

_____Other: _____

Volunteer Agreement

1. The information provided is complete and true. If information given on this application is incomplete or untrue, I understand my assignment may be terminated.
2. I have disclosed any felony convictions. I agree to a background check, verification of the statements contained herein and additional screening procedures.
3. I understand that my own insurance may be used as coverage for illnesses and injuries and that I may ultimately responsible for any costs incurred.
4. I agree to respect the rights, property and confidentiality of emergency worker and individuals affected by disaster.
5. I agree to adhere to the rules/instructions of my job assignment(s) so as not to jeopardize relief operations or procedures.

Signature: _____ Date: _____