|  |
| --- |
| **Personal Information:** *All information will be treated confidentially. Please answer all questions as completely as possible.* |
| Last Name:  | First Name:  | Mi: | Date of Birth:  |
| Address:  | City/State:  | Zip Code:  |
| Cell Phone:  | Home Phone:  | Work Phone: |
| E-Mail: | Township: | County: |
| **Emergency Contact:** |
| Name:  | Relationship:  |
| Day Phone:  | Evening Phone:  |
| **Availability:** |
| Are you interested in assisting during preparedness exercises or drills? | [ ]  Yes | [ ]  No |
| Check any District 10 health department that you are willing to assist in an emergency: [ ]  All counties listed [ ]  Knox   [ ]  Crawford [ ]  Daviess [ ]  Dubois [ ]  Gibson [ ]  Martin [ ]  Perry [ ]  Pike [ ]  Posey [ ]  Spencer [ ]  Vanderburgh [ ]  WarrickNote: Your information will be forwarded to each health department selected. |
| Please indicate your preferred county: |
| **Type of Volunteer:** |
| [ ]  Non-Medical  | [ ]  Pharmacist  |
| [ ]  RN or LPN (circle one): | [ ]  Trained Responder (specify field): |
| [ ]  Physician | [ ]  Vaccinator or Other (specify):  |
| Educational/Work Experience and Certifications: |
| Additional Skills and Abilities (Bilingual, Experience with Children, etc): |
| **Comments:** |
|  |
| When necessary, please use the back of this form.*By signing and dating below, you agree to be contacted in order to implement or verify your ability to assist in a public health emergency. Your selected counties may periodically contact you with possible training aids, public health information, or other health department opportunities. Contact may be made by phone, e-mail, fax, or written correspondence.*Volunteer’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |

*Please complete and return to:*

**Knox County Indiana Health Department - 305 S. 5th Street, Vincennes, IN 47591-1117**

**Attn: Major Howard William Hatcher -** **hhatcher@knoxcounty.in.gov** **- Verizon 480.518.2787**

**Office 812.882-8080 Opt. 6 or Ext. 8407 Fax: 812.882.5625**

**E-Print:** **knoxcountyhealth@hpeprint.com**