|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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  Warrick  Note: 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**](mailto: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**](mailto:knoxcountyhealth@hpeprint.com)