WESTPORT WESTON HEALTH DISTRICT

180 Bayberry Lane
Westport, CT 06880
www.wwhd.org
Mark A. R. Cooper
Director of Health
203-227-9571

Westport Weston Wilton medical reserve corps

WILTON HEALTH DEPARTMENT

238 Danbury Road
Wilton, CT 06897
www.wiltonct.org
Barrington Bogle
Director of Health
203-563-0174

* = REQUIRED FIELD

TITLE *(Mr, Mrs, Ms, etc.)*	* FIRST NAME	* LAST NAME	SUFFIX *(Jr, Sr, etc)*

WORK PHONE	* HOME PHONE	CELL PHONE

WORK FAX NUMBER	HOME FAX NUMBER	WORK EMAIL	HOME EMAIL

* EMERGENCY CONTACT: NAME, PHONE, RELATIONSHIP

* HOME ADDRESS – LINE 1

* HOME ADDRESS – CITY	* HOME ADDRESS – STATE	* HOME ADDRESS - ZIP

GENDER (M / F)	* DATE OF BIRTH (mm/dd/yyyy)	* OCCUPATION

❒ Yes ❒ No	❒ No ❒ Yes, Explain:
Do you hold a current driver's license?	Do you have any physical limitations that you wish to share that would limit your ability to participate as a volunteer?

PRIMARY LANGUAGE	OTHER LANGUAGE(S) SPOKEN FLUENTLY (AND/OR FLUENCY IN SIGN LANGUAGE) *We are always looking for individuals who can provide translation services!!*

ARE YOU INTERESTED IN VOLUNTEERING FOR **NON**-EMERGENCY OPERATIONS, SUCH AS AT SEASONAL FLU CLINICS AND HEALTH FAIRS?	❑ YES ❑ NO

CONTINUED →

NO EXPERIENCE IS NECESSARY. HOWEVER, PLEASE INDICATE **ANY** SPECIAL SKILLS, TRAINING, CERTIFICATIONS, AND/OR LICENSES THAT YOU HOLD (THIS MAY BE DIFFERENT FROM, OR IN ADDITION TO, YOUR OCCUPATION.)

Medical

- ❒ First Aid Training
- ❒ Licensed MD / DO
- ❒ Licensed PA
- ❒ Licensed Nurse Practitioner
- ❒ RN
- ❒ Certified EMT
- ❒ Licensed Paramedic
- ❒ Licensed LPN
- ❒ Licensed DDS
- ❒ Licensed Pharmacist
- ❒ Licensed Pharmacy Technician
- ❒ Veterinarian
- ❒ Psychologist
- ❒ Dentist
- ❒ Licensed Clinical Social Worker
- ❒ Other: _____

Non—Medical

- ❒ Home Health Aide
- ❒ Homemaker
- ❒ Medical Secretary
- ❒ Nutritionist / RD
- ❒ Attorney
- ❒ Paralegal
- ❒ Secretary
- ❒ Teacher/Teacher's Aide
- ❒ Guidance Counselor
- ❒ School Administrator
- ❒ Data Entry Personnel
- ❒ Office Manager
- ❒ Accountant
- ❒ Human Resource Personnel
- ❒ Purchasing Agent
- ❒ IT Professional
- ❒ Food Service Worker
- ❒ Telecommunications
- ❒ Audio-Visual Equipment
- ❒ Custodian
- ❒ Day Care Provider
- ❒ Bus Driver
- ❒ Truck Driver
- ❒ Ham Radio Operator
- ❒ Communications
- ❒ Security
- ❒ Other: _____

*** FOR LICENSED/CERTIFIED PROFESSIONALS:**

PLEASE PROVIDE YOUR LICENSE OR CERTIFICATION #	STATE	EXPIRATION DATE

IT IS ANTICIPATED THAT DURING MASS DISPENSING (ANTIBIOTIC/VACCINE) OPERATIONS, CLINICS WILL BE NEEDED TO OPERATE UP TO 24 HOURS PER DAY. IT IS ANTICIPATED THAT VOLUNTEERS WOULD BE ASKED TO WORK 8-12 HOUR SHIFTS. ***DURING AN EMERGENCY, WE MAY CONTACT YOU AT ANY TIME***. HOWEVER, ***IF GIVEN A CHOICE***, PLEASE INDICATE WHICH SHIFT(S) YOU WOULD MOST LIKELY BE AVAILABLE TO WORK (Check all that apply.)

❑ DAYTIME(8AM-4PM)	❑ EVENINGS (4PM-MIDNIGHT)	❑ OVERNIGHT (MIDNIGHT-8AM)

I HEREBY ATTEST THAT THE INFORMATION I HAVE PROVIDED IS ACCURATE TO THE BEST OF MY KNOWLEDGE. BY PROVIDING THIS INFORMATION I CONSENT TO BEING CONTACTED FOR PURPOSES OF PUBLIC HEALTH PLANNING AND RESPONSE. I UNDERSTAND THAT MEMBERSHIP IS ENTIRELY VOLUNTARY AND MY MEMBERSHIP CAN BE DISCONTINUED AT ANY TIME BY EITHER MYSELF OR THE WESTPORT WESTON WILTON MRC.

*** SIGNATURE**	*** DATE**

THANK YOU FOR YOUR INTEREST IN VOLUNTEERING

PLEASE SUBMIT THIS COMPLETED APPLICATION TO THE WESTPORT WESTON HEALTH DISTRICT:

MAIL: WESTPORT WESTON HEALTH DISTRICT
EMERGENCY PREPAREDNESS DIVISION
180 BAYBERRY LANE
WESTPORT, CT 06880

FAX: 203-221-7199

IF YOU HAVE QUESTIONS, CONCERNS, OR FOR FURTHER INFORMATION, PLEASE CONTACT:

MARK A. R. COOPER
DIRECTOR OF HEALTH
203-227-9571 Ext. 244

MONICA WHEELER
DIRECTOR OF COMMUNITY HEALTH
203-227-9571 Ext. 242