# WESTPORT WESTON HEALTH DISTRICT

180 Bayberry Lane

Westport, CT 06880 [www.wwhd.org](http://www.wwhd.org/) Mark A. R. Cooper Director of Health 203-227-9571

# WILTON HEALTH DEPARTMENT

238 Danbury Road

Wilton, CT 06897 [www.wiltonct.org](http://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!!*

* NO
* YES

ARE YOU INTERESTED IN VOLUNTEERING FOR **NON**-EMERGENCY OPERATIONS, SUCH AS AT

SEASONAL FLU CLINICS AND HEALTH FAIRS?

**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** | **Non—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: | * 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 FAX: 203-221-7199 EMERGENCY PREPAREDNESS DIVISION

180 BAYBERRY LANE

WESTPORT, CT 06880

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

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

Michael J. Vincelli, Director Emergency Preparedness/Response 203-571-8353 [MVincelli@WWHD.Org](mailto:MVincelli@WWHD.Org)