



Public Health
Prevent. Promote. Protect.

Putnam County Health Department

PO Box 507
1542 S Bloomington St Suite 1500
Greencastle, IN 46135
(765) 658-2785 / (765) 658-2781 (fax)

VOLUNTEER APPLICATION

All information will be treated confidentially. Please answer all questions as completely as possible.

PERSONAL INFORMATION			
Last Name	First Name	Credentials (MD, RN, etc.);	
Address		City, State, Zip	
Email			
Home Phone	Business Phone	Cell Phone	
EMERGENCY CONTACT INFORMATION			
Name		Relationship	
Day Phone	Evening Phone	Cell Phone	
AVAILABILITY			
Are you interested in assisting during preparedness exercises or drills? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Assuming you are available to help during an actual public health emergency, how many hours per day would you consider serving as a volunteer? <input type="checkbox"/> 8 or more <input type="checkbox"/> 4-7 hours			
TYPE OF VOLUNTEER			
<input type="checkbox"/> Non-Medical Volunteer	<input type="checkbox"/> Medical Professional (Specify Field) _____		
<input type="checkbox"/> Administrative Professional	<input type="checkbox"/> Trained Responder (Specify Field) _____		
<input type="checkbox"/> Law Enforcement volunteer	<input type="checkbox"/> Other (Specify) _____		
ADDITIONAL SKILLS AND ABILITIES			
<input type="checkbox"/> People Skills	<input type="checkbox"/> Public Speaker	<input type="checkbox"/> Financial Background	<input type="checkbox"/> Typist
<input type="checkbox"/> Financial Background	<input type="checkbox"/> Administrative Professional	<input type="checkbox"/> Bilingual _____	
<input type="checkbox"/> Experience with children	<input type="checkbox"/> Other _____		
MEDICAL LICENSES			
(Please note all medical licenses are subject to verification)			
Type	State	Number	Expiration Date
Type	State	Number	Expiration Date
Type	State	Number	Expiration Date