

Wells County Health Department Volunteer Registration
Please submit via mail to 223 W. Washington St., Bluffton, IN 46714 or fax to 26-824-8803

Personal Information

Name: _____

Address: _____

Phone Numbers

Home: _____

Work: _____

Cell: _____

Carrier: _____ Can we text you? _____

E-mail address: _____

Employment Information (title, place of employment)

Emergency Contact Information (Name, phone #'s)

**Describe any Restrictions on Your Activities
(physical, medical)**

Date of last Tetanus Shot: _____

Are you currently charged with or have you ever
been convicted of a felony? YES NO
If YES, please explain: (use back side if necessary)

General Availability

	Sun	Mon	Tues	Wed	Thurs	Fri	Sat
AM							
PM							

Do You Have Personal Transportation? YES NO

Skills and Qualifications

Fluency in Language(s) other than English:

Licenses/Professional Certifications:

Professional Background:

Education Background:

Computer Skills:

Prior or Current Volunteer Experience:

Other Skills:

- Administrative/Clerical
- Accounting/Finance/Bookkeeping
- Civil Servant (Police, Firefighter)
- Child Care
- Customer Service
- Food Service (help prepare & serve meals)
- Health Services (Physician, Dentist, Pharmacist, Nurse, EMT, CNA, QMA)
- Human Resources (interviewing, recruiting, etc)
- Mental Health Counselor/Social Worker
- Management
- Technical
- Trade: _____
- Transportation (professional truck/bus driver)
- Other: _____

The information you provide will be secured within Wells Count Health Department and will not be shared with any other government or non-government agency without your expressed approval. This information will be utilized to provide volunteer staffing for a Health Department response to a county emergency or disaster.

SIGNATURE: _____

DATE: _____