



**Public Health**  
Prevent. Promote. Protect.

# Putnam County Health Department

PO Box 507  
1542 S Bloomington St Suite 1500  
Greencastle, IN 46135  
(765) 301-7660 / (765) 301-7665 (fax)

## VOLUNTEER APPLICATION

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

<b>PERSONAL INFORMATION</b>			
Last Name	First Name	Credentials (MD, RN, etc.);	
Address		City, State, Zip	
Email			
Home Phone	Business Phone	Cell Phone	
<b>EMERGENCY CONTACT INFORMATION</b>			
Name		Relationship	
Day Phone	Evening Phone	Cell Phone	
<b>AVAILABILITY</b>			
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			
<b>TYPE OF VOLUNTEER</b>			
<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) _____		
<b>ADDITIONAL SKILLS AND ABILITIES</b>			
<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 _____		
<b>MEDICAL LICENSES</b>			
(Please note all medical licenses are subject to verification)			
Type	State	Number	Expiration Date
Type	State	Number	Expiration Date
Type	State	Number	Expiration Date