

Morgan County Health Department

137 War Memorial Dr.
Berkeley Springs, West Virginia 25411

Mail completed form to: Threat Preparedness Coordinator, Morgan County Health
Department, 137 War Memorial Drive, Berkeley Springs, WV
25411

Volunteer Information Sheet

Name: _____

Phone: _____ **Alternate Phone:** _____

Home Address:

Work Address:

Work Phone:

Professional Health Care Training: Yes _____ **No** _____

If Yes, what licensure do you currently hold?

License _____ **State** _____ **Expiration Date** _____

If NO, what is your work experience or area of expertise?

Examples: accountant, truck driver, language interpreter, telephone interviewing, security, mental health, EMS, food service, custodian

Do you own a large vehicle that could be used to pick up supplies if needed?

Yes _____ **No** _____

Please state what type of vehicle: _____

Is this vehicle 4-wheel drive so that it could be used during a winter disaster?

Yes _____ **No** _____

Immediate Household Family Members: (Names & Ages please)

Please plan for the care of your family while away assisting the health department during a true disaster.

(Our Clinical Dispensing Site may operate 24 hours a day during a disaster. Please write a few details which indicate that you have considered the care of your family in your absence.)

We need volunteers who can commit to working as many hours as possible during an event.

During an emergency or disaster, when would you be most available to volunteer your time and services?

Anytime, 24/7 _____

Daytime only _____

Evenings only _____

Other, (be specific) _____

Weekends only _____

I, _____ (Printed Name), certify by signature and date below that I am willing to volunteer and assist the Morgan County Health Department at designated SNS dispensing sites should a major outbreak, terrorist attack or other public health threat occurs. I acknowledge that I am volunteering of my own free will and I release the Morgan County Health Department and the local health department staff from any liability due to injury or harm which may occur as a result of my volunteer work during a public health threat. I understand that the health department will make every effort to protect the health of its volunteers and their families.

Signature: _____ **Date:** _____