

Capital Area Public Health Network Volunteer Information Sheet

Name: _____

Occupation: _____

Please provide your contact information (all information will be kept confidential).

Home Address: _____

Phone: _____ Fax: _____

Email: _____

Work Address: _____

Phone: _____ Fax: _____

Email: _____

Emergency Contact Name: _____

Phone: _____ Relationship: _____

**During a public health emergency, we are likely to need help with the following activities
(Please circle all areas in which you are able and willing to help):**

Greeting and registration	Tracking expenses	Traffic control
Interpreting/Translating	Ordering/tracking supplies	Security
Community outreach	Sign making	Crowd control
Training volunteers	Administering vaccines	Community Support
Child care/Elder care	Dispensing medications	Transporting people
Counseling/Providing Mental Health support	Triage	Delivering supplies
	Data entry	Preparing Food
Public speaking	Computer support	First Aid
Talking with media	Scheduling	Radio operations

**Please list any special training, certifications, experience or skills you have that would assist
with the above tasks:**

Additional comments:
