

Community Hero Volunteer Application

Last Name	First	Middle	
Home Address	City	State	Zip Code
Phone number	Cell phone	E-mail	
Business Address	Business City/State/Zip	Business phone	
Volunteer Experience: Please list volunteer experience, starting with the most recent			
Organization Name	Address	Phone	
Organization Name	Address	Phone	
Organization Name	Address	Phone	
Work Experience: Please list paid work experience, starting with the most recent			
Organization Name	Address	Phone	
Organization Name	Address	Phone	
Current License(s)/Certifications (Please include driver's license)			
Type:	Number:	State:	Expiration Date:
Type:	Number:	State:	Expiration Date:
Type:	Number:	State:	Expiration Date:
Education and Training: Begin with the most recent			
Institution Name	City/State	Degree/Major	Date Attended
Fluent Language Skills:			
<input type="checkbox"/> American Sign	<input type="checkbox"/> Albanian	<input type="checkbox"/> Arabic	<input type="checkbox"/> Armenian
<input type="checkbox"/> Bengali	<input type="checkbox"/> Bulgarian	<input type="checkbox"/> Chinese	<input type="checkbox"/> Czech
<input type="checkbox"/> Danish	<input type="checkbox"/> Dutch	<input type="checkbox"/> English	<input type="checkbox"/> Farsi
<input type="checkbox"/> Finnish	<input type="checkbox"/> French	<input type="checkbox"/> German	<input type="checkbox"/> Greek
<input type="checkbox"/> Gujarati	<input type="checkbox"/> Haitian Creole	<input type="checkbox"/> Hindi	<input type="checkbox"/> Hungarian
<input type="checkbox"/> Indonesia	<input type="checkbox"/> Italian	<input type="checkbox"/> Japanese	<input type="checkbox"/> Khmer

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<input type="checkbox"/> Korean	<input type="checkbox"/> Laotian	<input type="checkbox"/> Malayalam	<input type="checkbox"/> Norwegian
<input type="checkbox"/> Polish	<input type="checkbox"/> Portuguese	<input type="checkbox"/> Punjabi	<input type="checkbox"/> Romanian
<input type="checkbox"/> Russian	<input type="checkbox"/> Samoan	<input type="checkbox"/> Serbo-Croatian	<input type="checkbox"/> Somali
<input type="checkbox"/> Spanish	<input type="checkbox"/> Swahili	<input type="checkbox"/> Swedish	<input type="checkbox"/> Tagalong
<input type="checkbox"/> Tamil	<input type="checkbox"/> Thai	<input type="checkbox"/> Tigrinia	<input type="checkbox"/> Turkish
<input type="checkbox"/> Twi	<input type="checkbox"/> Ukranian	<input type="checkbox"/> Urdu	<input type="checkbox"/> Vietnamese
Geographic availability: Check the boxes of places you would be willing to volunteer			
<input type="checkbox"/> My county only		<input type="checkbox"/> Multiple Counties List:	<input type="checkbox"/> State-wide
Level of participation: Select the level of participation you would like to have			
<input type="checkbox"/> All the time	<input type="checkbox"/> Training	<input type="checkbox"/> Disaster Only	<input type="checkbox"/> I'll call you
Availability: For daily and/or training participation			
<input type="checkbox"/> Monday	<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Evening
<input type="checkbox"/> Tuesday	<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Evening
<input type="checkbox"/> Wednesday	<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Evening
<input type="checkbox"/> Thursday	<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Evening
<input type="checkbox"/> Friday	<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Evening
<input type="checkbox"/> Saturday	<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Evening
<input type="checkbox"/> Sunday	<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Evening
<input type="checkbox"/> Anytime	<input type="checkbox"/> Anytime	<input type="checkbox"/> Anytime	<input type="checkbox"/> Anytime
<input type="checkbox"/> Anytime	<input type="checkbox"/> Anytime	<input type="checkbox"/> Anytime	<input type="checkbox"/> Anytime
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<input type="checkbox"/> Anytime	<input type="checkbox"/> Anytime	<input type="checkbox"/> Anytime	<input type="checkbox"/> Anytime
Emergency Contact Information			
Name	Relationship	Address	Phone
Personal Information: A "yes" or "no" answer to the following questions will not necessarily disqualify any applicant from becoming a local public health volunteer			
Are you licensed to operate a motor vehicle in this state?			Yes
			No
Has your license to operate a motor vehicle ever been revoked? If yes, please explain.			Yes
			No
Have you ever been bonded?			Yes
Has your bonding ever been revoked? If yes, please explain.			Yes
			No
			Office use only
Have you ever been convicted of a felony, or within the past 24 months, of a misdemeanor that resulted in imprisonment? If yes, please explain.			Yes
			No
			Office use only
Volunteer Affiliations: Please list volunteer organizations you are currently associated with:			

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Volunteer Consent

I verify that all of the above information is accurate to the best of my knowledge.

I give the local public health agency permission to inquire into my character references, licensures, and employment and/or volunteer history. I also give permission to the holder of any such information to release it to the local public health agency.

I hold the local public health agency harmless of any liability, criminal or civil, which may arise as a result of the release of this information about me. I also hold harmless any individual or organization that provides information to the above named agency. I understand that the local public health agency will use this information only as part of its verification of my volunteer application.

I hold the local public health agency harmless of any liability that I might incur during the process of my duties. I understand that I am volunteering on my own behalf and agree to operate within the scope of my responsibilities, be properly trained, and be licensed and certified by the appropriate agencies (if required). I will not be guilty of any willful or criminal misconduct, gross negligence or reckless misconduct in the course of my duties as a public health volunteer.

Name—please print

Social Security Number

Signature

Date

Witness

Date

Parental Consent

I verify that I am the above named individual's legal guardian, and he/she is under the age of 18. I, as the legal guardian, give the above named individual my permission to volunteer with the local public health department. I release the local public health department, and any individual and/or organization associated with the local public health department, of any liability the above named individual may incur. I understand that he/she is volunteering at his/her own risk.

Name of legal guardian

Social Security Number

Signature of legal guardian

Date

Witness

Date