

 Public Health <small>Prevent. Promote. Protect.</small> Cole County Health Department	<h2 style="margin: 0;">Cole County Health Department</h2> <h3 style="margin: 0;">Public Health Volunteer Application</h3> <p style="margin: 0;">C/O Volunteer Coordinator 1616 Industrial Dr, Jefferson City, Mo 65109</p>	 Public Health <small>Prevent. Promote. Protect.</small> Cole County Health Department
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Personal Information

Last Name		First Name	Middle Name	<input type="checkbox"/> JR <input type="checkbox"/> SR
Date of Birth		SSN		
Home Address		City	State	Zip Code
Home Phone		Cell Phone	Email	
Business Address		Business City/State/Zip		Business 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: (Check all that Apply)

<input type="checkbox"/> American Sign	<input type="checkbox"/> English	<input type="checkbox"/> German	<input type="checkbox"/> Spanish
<input type="checkbox"/> Other (Specify)			

Geographic Availability: Check the boxes for the placed you would be willing to volunteer.

<input type="checkbox"/> My County Only	<input type="checkbox"/> State Wide
<input type="checkbox"/> Multiple Counties (Specify):	



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Cole County
Health Department

Level of participation: Select the level of participation you prefer.

All the time
 Training
 Disaster
 Public Health Event

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"/> Anytime
<input type="checkbox"/> Tuesday	<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Evening	<input type="checkbox"/> Anytime
<input type="checkbox"/> Wednesday	<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Evening	<input type="checkbox"/> Anytime
<input type="checkbox"/> Thursday	<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Evening	<input type="checkbox"/> Anytime
<input type="checkbox"/> Friday	<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Evening	<input type="checkbox"/> Anytime
<input type="checkbox"/> Saturday	<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Evening	<input type="checkbox"/> Anytime
<input type="checkbox"/> Sunday	<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Evening	<input type="checkbox"/> Anytime

Emergency Contact Information

Name	Relationship	Address	Phone #s

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	No
Has your bonding ever been revoked? If yes, please explain.	Yes	No
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.
Are you a registered sex offender?	Yes	No

Volunteer Affiliations: Please list volunteer organizations you are currently associated with:

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My signature below indicates that:

- I authorize the Cole County Health Department to conduct a background check that may include the department’s Employee Disqualification List and verification of professional licensure.
- I agree to complete a confidentiality training which outlines my responsibilities as a volunteer and applicable restriction in my exposure to sensitive information.
- I release the local public health department, of any liability I may incur during my service. I understand I am volunteering at my own risk
- I agree to sign and abide by a confidentiality statement restating my obligations as a volunteer covered during the confidentiality training.
- I agree to complete any health assessment form required by CCHD.
- I will submit to vaccinations, inoculation or other medication if recommended and warranted.
- In compliance with section 44.105, RSMo, I will complete training by CCHD which will cover chain of command, POD structure and purpose, universal precautions relevant to dispensing of medications, medication identification and selection process prescription label requirements, patient education and any other training specific and relevant to the event as designated by the department or its designee.

Name-please print

Social Security Number

Signature

Date

Witness Signature

Phone # or contact info

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, of any liability the above named individual may incur. I understand that he/she is volunteering at his/her own risk. Parent/legal Guardian must sign this section in the presence of Health Department Staff.	
Name/Relationship-Please print	SSN
Signature	Date
Witness (CCHD) Name	Position
Witness (CCHD) Signature	Date

Please print clearly. (Submit with volunteer application)



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Name: _____ Volunteer Position applying for: medical general labor
 clerical support positions transportation equipment.

Are there special accommodations you require in order to fulfill your volunteer role?

Licenses/skills: Please check all that apply.

Medical

Physician
License # _____

RN
License # _____

LPN
License # _____

Nurse Practitioner
License # _____

Certified Nurses Asst.
License # _____

Pharmacist
License # _____

Mental Health Profess
License # _____

Veterinarian
License # _____

Social Worker
License # _____

EMT
License # _____

Paramedic
License # _____

Medical Examiner
License # _____

Mortician/Coroner
License # _____

CPR/First Aid/AED
License # _____

Health Educator (CHES)
License # _____

Mental Health/Spiritual
License # _____

Communications

CB or HAM Operator
 Hotline Operator

Support

Clerical-filing, copying
 Data entry Software

Phone receptionist
 Food
 Elderly/disabled asst.
 Childcare
 Spiritual Counseling
 Social Work
 Search and Rescue
 Auto repair/towing
 Teacher
License # _____

Traffic Control
 Crime Watch
 Animal rescue
 Runner

Structural

Damage Assessment

Labor

Setup/loading/shipping
 Sorting/packing
 Clean-up
 Operate equipment
Types: _____

Supervisory experience

I have & will make available the following

Car
 Station wagon/mini van
 Maxi-van, capacity _____
 ATV
 Own off-road veh/4wd
 Own truck, description:

Own boat, capacity: _____
Type: _____

Commercial driver
Class & License #: _____

Camper/RV, capacity: _____
Type: _____

Equipment

Backhoe
 Chainsaw
 Generator size _____
 Other _____

Copiers
 Fax
 Computer
 Multi-line phone system

Special skills:

Vocational training:

Disaster training:

Signature of volunteer _____ Date ____/____/____

This box is to be completed by the public health agency.

case.net Professional Registration Sex Offender List MSHP Background Check

Verified by: _____ Additional notes on back: YES NO

Qualified Volunteer Unqualified Volunteer