



FARMINGTON VALLEY HEALTH DISTRICT

POD Clinic Volunteer Registration Form

Medical Volunteer

(*Please Print)

First Name: _____ Last Name: _____

Mailing Address: _____

Town: _____ State: _____ Zip Code: _____

Phone (day): _____ Phone (evening): _____

Cell Phone: _____ Pager: _____

Home Email: _____ Fax: _____

Occupation: _____

Are you currently working in this area? Yes No

Specialty: _____

License / Certification Information: State: _____

License Type: _____ License # _____

Exp. Date: _____ Status: Active Inactive Retired

In the event of an incident, will you need to respond to your place of employment or another agency? Yes No

If you are fluent in a language other than English, please list language(s) here:

Medical Volunteer Areas

- Physician Evaluator (MD, APRN, PA)
- Vaccinator (RN, *possibly dentists, veterinarians*)
- Medical Screening (RN)
- Triage
- Pharmacist
- EMT / Paramedic
- Mental Health Support
- Patient Education
- Exit Review

Are you interested in being involved in Clinic Planning or in a Clinic Manager position?

- Yes No Maybe

Would you be interested in periodic training opportunities?

- Yes No Maybe

Would you be willing to participate in drills and exercises?

- Yes No Maybe

Any questions or comments: _____

The information you provide on this form will be used solely for emergency preparedness and response purposes by the Farmington Valley Health District and, for official reporting purposes only, the Connecticut Department of Public Health. The Farmington Valley Health District will provide you with information regarding important training courses, as well as opportunities to participate as a clinic volunteer during public health emergency response drills and exercises throughout the year. Thank you, in advance, for your willingness to assist us in protecting the community in this important and worthwhile endeavor.

Please **MAIL** or **FAX** completed form to:

Farmington Valley Health District
c/o Emergency Preparedness Coordinator
P.O. Box 529
50 Avon Meadow Lane
Avon, CT 06001

Phone: (860) 676-1953
Fax: (860) 676-2131
E-mail: info@fvhd.org
Website: <http://www.fvhd.org>