



**Clayton County Board of Health
Office of Emergency Preparedness and Response**

685 Forest Pkwy, Forest Park, GA 30297 Phone: 678-610-7471

**Public Health District 3-3, Clayton
Public Health Volunteer Initiative Program (PHVIP)**

APPLICATION

Date of Application	Date Approved
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Personal Information – Please Print Clearly

Last Name	First Name	Middle Name	
Date of Birth (Month/Day/Year)			
Street Address	City	State	Zip Code
Home Phone #	Cell Phone #		
Work Phone #	Home Email Address:		

Emergency Contact (*will be notified in case of an emergency*)

Last Name	First Name	Middle Name	
Street Address	City	State	Zip Code
Home Phone #	Cell Phone #		

Employment Information

Place of Employment			
Work Address	City	State	Zip Code
Work Phone #	Work Email Address		
Occupation (Position)			

Additional Information

- Your Primary Language _____
- Other Language _____ Are you fluent: Yes ___
No___ Can you Write _____and/or Read_____ your other language?
- Are you willing to provide translation service? Yes ___No ___
- Do you have the ability to communicate using Sign Language? Yes ___ No ___
- Do you have any special needs or restrictions? If so, please explain _____
- **Are you an active member of any emergency services, relief or volunteer organization that will take priority over your efforts to volunteer for Public Health District 3-3 if an emergency/disaster occurs?**
- **Yes ___No ___ If yes, please explain. _____**

Experience: Do you have any of the following skills? (place an X in each box that applies)

Food Services	Computer Skills	Medical Doctor (what type)
Lodging Services	Counseling Skills	Nurse (what type)
Crowd Management/Flow	Managerial Services	Other Health Care Professional (what type)
Office Management	Clerical Work	Pharmacy Professional (what position)
Traffic Control	Computer Networking	Social Work Professional (what type)
Elderly/Disable Assistance	Phone Receptionist	Nursing Home (what position)
Transportation (what type)	Language Interpretation	Home Health Care (what type)
Supply Distribution	Interviewing	Volunteer Service (what organization)
Inventory Supplies/Equipment	Data Entry	Fire/Rescue (what skill)
Facility Management	Administrative Services	Emergency Medical Services (what level)
Loading/Shipping	Sign Language	First Aid (what type)
Brail	Legal Services	Other (specify)

Training/Continuing Education

Have you ever participated in any training or continuing education programs in the following areas? If so, please check.

- Weapons of Mass Destruction ___
- Hazardous Material Awareness ___
- Incident Command System ___
- CPR/AED ___
- Critical Incident Stress Management ___
- Disease Investigation ___
- Mental Health ___
- Isolation and Quarantine ___
- Citizen Emergency Response Team ___
- Mass Casualty ___
- Law Enforcement/Security ___
- Emergency or Disaster Response ___
- Terrorism ___
- First Aid ___
- Pandemic ___
- Strategic National Stockpile ___
- Vaccination Administration ___
- Infection Control ___
- Triage ___
- Trauma ___
- American Red Cross ___
- Pharmacy ___

Other _____

As a public health volunteer with the Public Health District 3-3, you may be called upon to fulfill any of the functions or roles that are necessary to operate a mass vaccination or medication clinic. During some emergencies or disasters you may be called upon to fulfill other functions, roles or tasks. Assigned functions, roles and tasks would be appropriate to your level of specific skills, competencies and capabilities.

Signature	Date
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I am providing my contact information to be part of a confidential database, maintained by Public Health District 3-3, to be used in the event of a public health emergency. I acknowledge that Public Health District 3-3 may need to contact me periodically to maintain the accuracy of this information, or to test their communication plan's effectiveness. I authorize Public Health District 3-3 to contact me utilizing any or all of these methods should the need arise.

Public Health District 3-3 complies with all state and federal rules and regulations and does not discriminate on the basis of race, religion, color, national or ethnic origin, sexual orientation, age, marital status or disability in admission to, access to, or operations of its programs, services, or activities. In addition, Public Health District 3-3 encourages the participation of people with disabilities in its programs and activities.

For additional information contact the District 3-3, Office of EPR: 678-610-7468

**Submit registration to:
District 3-3, Office of EPR
Fax #: 770-603-4874
or Email:
hayden.barrett@dph.ga.gov**