

Public Health Volunteer Application

Monroe County Health Department Volunteer Management Program

Last Name	First Name	Middle Initial	
Home Address	City	State	Zip Code
Home Phone	Cell Phone	Email Address	
Business Address	Business City/State/Zip		Business Phone
Work Experience: Please list most recent employer and duties.			
Current License(s)/Certifications (Please Include Driver's License and Social Security #)			
Type:	Number:	State:	Exp. Date:
Type: Drivers License			
Type: Social Security		N/A	N/A
Education and Training: List information related to licensure.			
Institution(s) Name:	City/State(s):	Degree Major(s):	Date(s) Attended:
Languages Spoken:			
Geographic Availability: Please check all of the boxes of the places you would be willing to volunteer:			
<i>My County</i>	<i>Multiple Counties</i>	<i>State Wide</i>	<i>Nation/World Wide</i>
Level of Participation: Select the level of participation you prefer.			
All the time	Training	Emergency Only	Limited Basis
Availability: Circle The Days and Times Available			
ALL DAYS M T W TH F Sat. Sun.		ANYTIME Morning Afternoon Evening	
Emergency Contact Information:			
Name	Relationship	Address	Phone
Personal Information:			YES
Are you licensed to operate a motor vehicle in this state?			NO
Have you ever been convicted of a felony? If yes please explain.			
Past 24 months have you been convicted of a Misdemeanor that required Jail Time? If yes please explain.			