

**Pomperaug District Department of Health
Public Health Emergency Clinic Volunteer Data Form**

Name _____

Home Address _____

Town _____ State _____ Zip Code _____

Contact Information (All Volunteers Must Complete this Section):

Home Phone: (_____) _____ Cell Phone: (_____) _____

Home Email: _____

Employer (if applicable): _____ Retired: yes no

Work Phone: (_____) _____ Fax: (_____) _____

Work Email: _____ Pager: (_____) _____

Other Volunteer Interests:

Please indicate if you would like us to contact you about other volunteer opportunities:

Flu Clinics (medical knowledge not necessary)

Blood Pressure Clinics (must be a registered nurse)

Clinical Background (Medical Personnel Only):

Please note that nurses with an out-of-state license, veterinarians, and dentists are permitted to administer the smallpox vaccine when the governor has declared a state of emergency. Other medically trained professionals will be needed for additional clinic/patient care duties, such as reconstituting the vaccine, conducting medical screening, providing counseling and assisting with medical emergencies.

Please indicate your profession:

M.D.	L.P.N.
Paramedic	A.P.R.N.
P.A.	R.N.
D.V.M.	Retired Nurse
R.Ph.	Dentist
	Other _____

Professional License Number (State of CT) _____ Date of Expiration _____

Please indicate your area of specialty (if applicable) _____

Demographic Data (Optional for all Volunteers)

Year of Birth: _____ Gender (circle one): Male Female

Last 4 digits of you Social Security Number: _____

Please use the other side of this form for comments/questions. Completed forms may be returned to Pomperaug Health District, 800 Main St. South, Suite 124, Southbury, CT 06488, or faxed to Mona LaBissoniere at 203-262-1960. Thank you!