

Athens City-County Health Department
278 W. Union Street
Athens, OH 45701
Phone (740) 592-4431 Fax (740) 594-2370

Volunteer Form
(Please Print)

Name: _____

Address: _____

Home Telephone #: _____

Place of Employment: _____ Work Telephone #: _____

Cell Phone #: _____ E-Mail Address: _____

Job Classification/Skills:

Professional Title: _____

Clinical Specialty: _____

State(s) where you are licensed: _____

Military Experience: Yes / No If yes, explain: _____

Other training or experience: _____

Have you ever been vaccinated against smallpox? ___ Date or year: _____

By signing below, I am expressing interest in volunteering to assist with unforeseen disasters affecting Athens County. I understand I am not obligated to participate in these events. I also understand that I will be informed of any training and educational sessions pertaining to the volunteer program. I agree to have the information provided entered into a database so that I may be contacted for training opportunities and volunteering.

Signature

Date

For more information, please contact Jeremy Phillips, Emergency Response Coordinator, at (740) 592-4431 ext. 236.