

Section 5: Volunteering Preferences

Availability (days & hours): _____

Are you interested in volunteering in times of disaster: Y _____ N _____

Are you interested in volunteering with community betterment education and prevention programs throughout the year: Y _____ N _____

Are you available for the necessary disaster response training, such as disaster response training or opportunities for continuing education credits: Y _____ N _____

Section 6: References (2 personal and 2 professional)

<u>Name</u>	<u>Address</u>	<u>Phone</u>	<u>Relationship</u>
1)	_____	_____	_____
2)	_____	_____	_____
3)	_____	_____	_____
4)	_____	_____	_____

Section 7: Verification and Consent

I verify that the above information is accurate to the best of my knowledge. Should any of my information change, I will notify the Perry County Health Department of the change. Should the status of my license(s) change in any way, I will notify the Perry County Health Department immediately as to the change of any pending actions against me.

I give Perry County Health Department permission to inquire into my educational background, licenses, references, police records, and employment and/or volunteer history. I also give permission to the holder of any such information to release it to the Perry County Health Department.

I hold the Perry County Health Department harmless of any liability, criminal or civil, that may arise as a result of the release of any of this information about me. I also hold harmless any individual or organization that provides information to the above-named agency. I understand that the Perry County Health Department will use this information only as a part of the verification process associated with my volunteer application.

Name (please print)

Social Security Number

Signature

Date

Return to:
Jennifer Martin, MRC Coordinator
Perry County Health Department
212 South Main Street, P. O. Box 230
New Lexington, OH 43764
Office: (740) 342-5179
Fax: (740) 342-5540
jmartin@odh.ohio.gov

form created:pwhite0807