

Volunteer Application

Name _____

Address _____

Best Contact numbers Home/Landline _____ Cell _____ Other _____

Email Address _____ Do you have a current CT Driver's License? Yes No

Select the highest education completed:

- Middle School Associates Degree Master's Degree
 High School Bachelor's Degree Doctoral Degree

Please list other credentials, certifications or special training:

What is or was your occupation? _____

What is your availability during an emergency? Daytime Nights Weekends Anytime

Please list other organization where you are a volunteer, if any.

What strengths or talents do you bring that will contribute to our Volunteer Team?

Ways You Can Help: Please check off the areas of interest you prefer according to your training/education or experience:

Point of Dispensing Clinic

- Greeter Forms Manager Behavioral Hlth Worker Data Entry Youth Service Worker
 Pharmacist Runner Inventory Manager Medical Professional

Call Center

- Data Entry Receptionist Telecommunicator Call Taker Translator
 Dispatcher

Town Emergency Shelter

- Greeter Data Entry Behavioral Hlth Worker Physician Nurse
 Social Worker CNA Medical Screener

When you have completed your application, please press submit to enter your information.

A Health Department representative from the Town of your residence will contact you within 24-48 hours with upcoming information, and to answer any questions you may have.

Please browse the upcoming meeting/training opportunities and our Newsletter posted on this site.

Thank you for your interest to assist your community in recovery from an emergency.