



Clayton County Board of Health
Office of Emergency Preparedness and Response

1 Crown Center 1895 Phoenix Blvd Suite 400, College Park, GA 30349
 Phone: 678-610-7471

Public Health District 3-3, Clayton
Public Health Volunteer Initiative Program (PHVIP)

APPLICATION

| | |
|----------------------------|----------------------|
| Date of Application | Date Approved |
|----------------------------|----------------------|

Personal Information – Please Print Clearly

| | | | |
|--------------------------------|---------------------|-------------|----------|
| Last Name | First Name | Middle Name | |
| Date of Birth (Month/Day/Year) | | | |
| Street Address | City | State | Zip Code |
| Home Phone # | Cell Phone # | | |
| Work Phone # | Home Email Address: | | |

Emergency Contact (will be notified in case of an emergency)

| | | | |
|----------------|--------------|-------------|----------|
| Last Name | First Name | Middle Name | |
| Street Address | City | State | Zip Code |
| Home Phone # | Cell Phone # | | |

Employment Information

| | | | |
|-----------------------|--------------------|-------|----------|
| Place of Employment | | | |
| Work Address | City | State | Zip Code |
| Work Phone # | Work Email Address | | |
| Occupation (Position) | | | |

Additional Information

- Your Primary Language _____
- Other Language _____ Are you fluent: Yes _____
 No ___ Can you Write _____ and/or Read _____ your other language?
- Are you willing to provide translation service? Yes ___ No ___
- Do you have the ability to communicate using Sign Language? Yes ___ No ___
- Do you have any special needs or restrictions? If so, please explain _____
- **Are you an active member of any emergency services, relief or volunteer organization that will take priority over your efforts to volunteer for Public Health District 3-3 if an emergency/disaster occurs?**
- Yes ___ No ___ If yes, please explain. _____

Experience: Do you have any of the following skills? (place an X in each box that applies)

| | | |
|------------------------------|-------------------------|--|
| Food Services | Computer Skills | Medical Doctor (what type) |
| Lodging Services | Counseling Skills | Nurse (what type) |
| Crowd Management/Flow | Managerial Services | Other Health Care Professional (what type) |
| Office Management | Clerical Work | Pharmacy Professional (what position) |
| Traffic Control | Computer Networking | Social Work Professional (what type) |
| Elderly/Disable Assistance | Phone Receptionist | Nursing Home (what position) |
| Transportation (what type) | Language Interpretation | Home Health Care (what type) |
| Supply Distribution | Interviewing | Volunteer Service (what organization) |
| Inventory Supplies/Equipment | Data Entry | Fire/Rescue (what skill) |
| Facility Management | Administrative Services | Emergency Medical Services (what level) |
| Loading/Shipping | Sign Language | First Aid (what type) |
| Brail | Legal Services | Other (specify) |

Training/Continuing Education

Have you ever participated in any training or continuing education programs in the following areas? If so, please check.

- Weapons of Mass Destruction_____
- Hazardous Material Awareness_____
- Incident Command System_____
- CPR/AED_____
- Critical Incident Stress Management _____
- Disease Investigation _____
- Mental Health _____
- Isolation and Quarantine_____
- Citizen Emergency Response Team_____
- Mass Casualty _____
- Law Enforcement/Security_____
- Emergency or Disaster Response_____
- Terrorism_____
- First Aid_____
- Pandemic_____
- Strategic National Stockpile Vaccination Administration_____
- Infection Control_____
- Triage_____
- Trauma_____
- American Red Cross_____
- Pharmacy_____

Other_____

As a public health volunteer with the Public Health District 3-3, you may be called upon to fulfill any of the functions or roles that are necessary to operate a mass vaccination or medication clinic. During some emergencies or disasters, you may be called upon to fulfill other functions, roles or tasks. Assigned functions, roles and tasks would be appropriate to your level of specific skills, competencies and capabilities.

| | |
|------------------|-------------|
| Signature | Date |
|------------------|-------------|

I am providing my contact information to be part of a confidential database, maintained by Public Health District 3-3, to be used in the event of a public health emergency. I acknowledge that Public Health District 3-3 may need to contact me periodically to maintain the accuracy of this information, or to test their communication plan's effectiveness. I authorize Public Health District 3-3 to contact me utilizing any or all of these methods should the need arise.

Public Health District 3-3 complies with all state and federal rules and regulations and does not discriminate on the basis of race, religion, color, national or ethnic origin, sexual orientation, age, marital status or disability in admission to, access to, or operations of its programs, services, or activities. In addition, Public Health District 3-3 encourages the participation of people with disabilities in its programs and activities.

For additional information contact the District 3-3, Office of EPR: 678-610-7468

**Submit registration to:
District 3-3, Office of EPR
Fax #: 770-892-9148
or Email:
marcus.johnson@dph.ga.gov**