South Plains Public Health District PHR_ Strategic National Stockpile Volunteer Application

| Personal Information—Please PRINT LEGIBLY and complete all information. I would like to volunteer to assist with: | | | | | | | | | | | | | |
|---|---------------------------------|----------------------|----------------------|----------------------|--|--|--|--|-------------|---------|------|---------------|----------|
| Warehouse Response Team Local Dispensing Site Volunteer Medical Screener Other I am a licensed health care provider Type of License: (MD, Pharmacist, RN, LVN, EMT, etc.) Type of License: Type of License: (Psychologist, Psychiatrist, Social Worker, etc.) | | | | | | | | | | | | | |
| | | | | | | | | | N | | | | |
| | | | | | | | | | Name:Last F | irst Mi | ddle | _ Gender: Fem | ale Male |
| Address (Please provide rural "911" address if l | | | | | | | | | | | | | |
| | Address | City | /Town | Zip | | | | | | | | | |
| Phone: () () | () | | () | | | | | | | | | | |
| | | | | e | | | | | | | | | |
| Email (Home): | Email (| Work): | | | | | | | | | | | |
| Occupation: | Employ | er: | | | | | | | | | | | |
| - | | | | | | | | | | | | | |
| List any special skills/training/abilities you believe would be of assistance during a community crisis situation: i.e. languages spoken or read (specify which language), sign languages (ASL, other), TTY/TDD, computer skills, construction skills, communication skills, warehouse | | | | | | | | | | | | | |
| knowledge/skills, commercial truck driving experience, counseling skills, etc. | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| Drivers License #: | State: | Expiration (m | m/dd/vvvv): | | | | | | | | | | |
| | | | | | | | | | | | | | |
| Emergency Notification: | Jame Re | lationship | () Ph | | | | | | | | | | |
| | | auonsmp | 1 110 | | | | | | | | | | |
| Volunteer Requirements & Responsibi 1. Submit complete applica | tion form and copy of Texas d | river's license | | | | | | | | | | | |
| 2. Be at least 18 years of ag | | | | | | | | | | | | | |
| 3. Hold a current valid Tex | | | | | | | | | | | | | |
| | ons for D.W. I., Drug-related, | Sexual or Family Vio | lence offenses | | | | | | | | | | |
| 1 1 | | | | | | | | | | | | | |
| 6. Comply with worker / volunteer standards established by the SNS Program Coordinator | | | | | | | | | | | | | |
| Notify the SNS Program Coordinator, in writing, when terminating volunteer status Be available on short term notice | | | | | | | | | | | | | |
| 8. Be available on short terr I understand: | III nouce | | | | | | | | | | | | |
| That any information I have provided in this a | upplication may be disclosed to | and used by the Loca | l and/or Regional SN | S Coordinator and/or | | | | | | | | | |
| SNS Team Leader for planning purposes and | | ····· | | | | | | | | | | | |
| • That, in the case of SNS deployment, I may b | - | night). | | | | | | | | | | | |
| • That all information regarding the Strategic National Stockpile is considered confidential and I will not release names, locations of | | | | | | | | | | | | | |
| warehouses, or any other sensitive information without the permission of the SNS Coordinator. | | | | | | | | | | | | | |
| • Due to the nature and content of the Strategic | | | | | | | | | | | | | |
| conducted on volunteer applicants. I understand that a felony conviction for D.W.I, drug-related, sexual, or family violence offenses will | | | | | | | | | | | | | |
| disqualify me for participation as a volunteer in the SNS program and that I may be disqualified for other reasons at the discretion of the SNS Coordinator. | | | | | | | | | | | | | |
| | oquinomonta romansihilitisa | and information Ta | ttost to the second | of the information | | | | | | | | | |
| I have read and understand the above listed r I have provided on this application. I hereby a | | | | | | | | | | | | | |
| SNS Coordinator and/or SNS Team Leader f | | | | | | | | | | | | | |

| Signature: |] | Date: | Received by: | |
|------------------|---|-------|--------------|-------------|
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