



**Caroline County Health Department  
VOLUNTEER APPLICATION**

**New Application**

**Renewal**

**Contact Information**

Name			
Address		Unit #	
City, State, Zip			
Are you 18 or older?	___Yes ___No**	Date of birth	
Home Phone		Cell	
Work Phone			
Best number to contact you: ___ Home ___Cell ___ Work	E-Mail		
Health Limitations?			
Occupation/Employer			
Driver's License #		State:	
Do you have any health/physical limitations? Requesting any special accommodations? If yes, please explain the limitation(s)/Accommodation requirement:			

**In Case of Emergency**

Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

**Disaster/ Emergency Group Affiliation & Training**

Are you currently affiliated with a disaster relief/ response organization? \_\_\_ Yes \_\_\_ No  
Name of Organization: \_\_\_\_\_  
Please list any disaster related training: \_\_\_\_\_

**Volunteer Liability Release**

In my desire to serve as a volunteer in relief efforts, I hereby assume responsibility for any risk of bodily injury or property damage I may sustain while participating in any voluntary relief effort, exercise or other activity, including the use of equipment and facilities of Caroline County.

Further, for myself and my heirs and executors, I hereby release, waive and discharge The Caroline County Health Department and The State of Maryland and its officers, directors, employees, and volunteers from any claims which I or my heirs may have against any of the above on account of or by reason of connection with such volunteer relief efforts or my participation therein. I likewise hold harmless from liability any person transporting me to or from any emergency relief effort.

I currently have no known physical or mental condition which would impair my capability for full participation as intended or expected of me. I will abide by all safety instructions and information provided to me. Officials have permission to utilize any photographs or videos taken of me for publicity or training purposes. I hereby certify that I am not currently addicted to the use of any type or classification of drugs or alcohol. I also certify that all information on this application is true and correct.

**Signature of Volunteer** \_\_\_\_\_ **Date** \_\_\_\_\_

**Guardian (if under 18)** \_\_\_\_\_ **Date** \_\_\_\_\_

Please Complete the Back side

**Choose at least one track**

<p>___ People</p> <p>Assist with special needs residents, volunteers, translators, communication</p>	<p>___ Places</p> <p>Assist staff and volunteers working in service centers or other service delivery sites</p>	<p>___ Things</p> <p>Support with the logistics, inventorying or planning of events, activities, items or service delivery related events</p>
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**Skills, Training, Knowledge, and Experience**

Please indicate your skill level for each of the categories below.  
Leave fields which DO NOT apply to you blank.

**Skill level codes** Use below: (1) Interested and willing to learn; (2) Trained; (3) Training AND experienced; (4) Very experienced; (5) Can instruct AND supervise others.

	Skill Level		Skill Level
<b>Clerical</b>		<b>Medical/Clinical</b>	
Copying / Filing		Physician	
Computer/ Data Entry		Physician Assistant	
Receptionist / Phone Receptionist		Nurse	
		EMT/ Paramedic/ Medic/Corpsman	
<b>Management</b>		Medical Lab Tech	
Volunteer Management/ Human Resources		Pharmacist	
Provide oversight or guidance as a lead		Dentist (DDS)	
Training/ Education		Dental Assistant/ Hygienist	
Accreditation (CARF) Maintenance		Other:	
<b>Information Technology</b>		<b>Donations / Distribution Management</b>	
Computer/ Cable Installation/ Repair		Donation/Foundation Management	
Information Technology		Inventory Control	
Web Page Design		Financial Professionals (banking,	
Telephone Installation/ Repair		Food Handling/ Packaging / Distribution	
<b>Communications</b>		<b>Transportation</b>	
Public Speaker/ Education		Non-CDL Driver	
Amateur Radio Operator		Client Transportation	
Public Relations		Vehicle Care/Cleaning	
		Other:	
<b>Crisis Intervention</b>		<b>Miscellaneous:</b>	
Stress Management/Mental Health First Aid		Event Coordination	
Mental Health/Addiction Professional		Set Up/Take Down	
Mental Health/Addiction Para-Professional		Staffing a booth	
Clergy / Pastoral Counselor		Creating brochures	
Social worker		Graphic Design	
Addiction Recovery Counselor		Other:	
<b>Sheltering and Care For Others</b>		<b>Environmental Health</b>	
Shelter Operations		Inspectors (Certified)	
Child Care		Samplers (Certified)	
Senior Adult Care		Other (Non-certified):	
Care for Disabled			
Food Preparation/Cook			
<b>Languages</b>		<b>Other Activities of Skill/Interest</b>	
Do you speak and understand a language:			
Describe:			
Sign Language Interpreter?:			
Certified?:			

<b>For office use only</b>			
<b>Date Received:</b>	<b>Date Entered:</b>	<b>Volunteer #:</b>	<b>Program Assignment:</b>
Comment:			