

# Volunteer Enrollment Form

For Lancaster County Emergency Management Agency

Return Completed Forms to:

Lancaster County Emergency Management Agency, PO Box 219, Manheim PA, 17545

Or Fax to 717-664-1235

Name:	_____
Date:	_____
Street Address:	_____
Mailing Address:	_____
Social Security Number: (LAST FOUR DIGITS ONLY )	_____
Date of Birth:	_____
Phone number:	_____
Work Number:	_____
Cell Number:	_____
Email address:	_____
Team/Service Position Requested:	See back of page for selection
Availability:	<input type="checkbox"/> Weekday <input type="checkbox"/> Sat <input type="checkbox"/> Sun <input type="checkbox"/> AM <input type="checkbox"/> PM
Special Skills, Qualifications, and Certifications:	_____
Previous volunteer/work positions:	_____
Emergency Contact 1:	_____
Emergency Contact 2:	_____
Signature of Applicant:	_____ Date: _____
Signature of Coordinator:	_____ Date: _____

In the course of my enrollment application to volunteer with Lancaster County Emergency Management, Lancaster, Pennsylvania, the officials of Lancaster County Emergency Management Agency desire to make certain inquiries as to my background, character, experience, qualifications, and work record.

It is in my interest to permit such investigations to take place by Lancaster County Officials and, therefore, in consideration of my desire to have all of the material considered, I hereby authorize Lancaster County Officials to make such inquiries as they may deem appropriate of any individual or group, educational institution, employer, or prior employer, business, industry, and any local, state, or federal government agency.

It is understood that I shall make no claim against the person or persons furnishing information and shall make no claim against any firm, organizations, agency, or Lancaster County for providing or reasonably using any information.

The release of any information desired is respectfully requested and authorized with my full understanding and endorsement.

## H1N1 POD/Vaccination Site Functions

Check position which you have qualification/certification

POSITION	CERTIFICATION-If applicable/Qualifications DATE OF CERTIFICATION EXPIRATION
Greeter/Receptionist	
<b>Triage</b>	
Data Entry	
Public Health Educator	
<b>Pharmacist</b>	
<b>EMS</b>	
Security	
<b>Mental Health Support</b>	
Interpreter	Language(s)
<b>Special Needs Assistance</b>	
<b>Pre-Screening</b>	
Secretarial Support	
Traffic Control	
<b>Site Administrator</b>	