

McDonough County Health Department Volunteer Application



1. Name _____
2. Date of Birth _____
3. Address _____
4. Phone: (H) _____
5. Email: _____
6. Emergency Contact _____
7. Emergency Contact Phone _____
8. Please mark the boxes below (X) to indicate when you ARE available:

	Monday	Tuesday	Wednesday	Thursday
7:00- 8:00 am				
8:00- 9:00 am				
9:00- 10:00 am				
10:00- 11 am				
11:00 am – 12pm				
12:00-1:00 pm				
1:00- 2:00 pm				
2:00-3:00 pm				
3:00- 4:00 pm				

9. Which department are you most interested in
 - a. Environmental
 - b. Community Health
 - c. Family Health
 - d. Administration

10. What skills, knowledge, or training do you possess? Example: computer or technology skills, multi-line phone experience, knowledge of the community, first aid, CPR.

10. What is your educational background? _____

12. Do you have a valid driver's license and automobile insurance Yes No

I herby attest that the above information is true to the best of my knowledge.

Signature

Date