

**Chattanooga-Hamilton County
Health Department**

Office of Emergency Preparedness and Planning
921 East Third Street
Chattanooga, TN 37403-2165
(423) 209-8068 - Fax (423) 209-8069

Volunteer Registration Form

Name _____

Home Address _____

City: _____ State: _____ Zip Code: _____

Business/Agency Name (if applicable) _____

Work Address _____

City: _____ State: _____ Zip Code: _____

Phone Numbers: Work _____ Home _____ Cell _____

Pager _____ Alternate _____

Email Addresses:

Work e-mail _____ Home e-mail _____

Professional Licensure (Type) _____ License # _____ Expires _____

Do you fluently speak any languages other than English? _____

Do you have any special skills or training you believe would be helpful? _____

List any physical restrictions you may have _____

Check below the positions you would be interested in staffing:

_____ **Triage:** Briefly question persons boarding transportation buses or entering clinics about any illness; refer for medical evaluation if indicated.

_____ **Forms:** Distribution: Distribute disease information, consent forms and pencils; assist with completion of forms as needed; refer those with special needs to designated area; direct patients to video viewing area.

_____ **Video Area:** Run patient information video; direct patients to vaccination area or to medical screening/counseling area if indicated; assist patients with completion of forms as needed.

_____ **Clinic Assistant/Floater:** Assist patients with mobility problems; run errands; receive and distribute supplies; assist patients with children.

_____ **Assistant Supply Manager:** Inventory, distribute and order supplies as needed.

_____ **Vaccine Administrator:** Assess for contraindications to vaccine; explain vaccine and side effects; administer vaccine; assist providing emergency care in the event of an allergic reaction; consult with medical staff as needed; document actions; provide vaccination site care. Requires vaccine administration training and/or medical licensure.

_____ **Interpreters:** Assist patients with language barriers or hearing impairments. Must speak a second language fluently or possess sign language skills.

_____ **Clinic monitor:** Assist in patient flow and crowd control and vehicle traffic management. May assist law enforcement with basic security functions.

_____ **Physician:** Provide medical consultation. Consult on contraindications to vaccines or medications, assist with emergency or first aid care.

The applicant acknowledges and understands that the Chattanooga-Hamilton County Health Department may conduct a criminal background check on the applicant prior to acceptance into the Volunteer Program.

Signature _____ Date _____

Submit by Email