

## Attachment 1 Functional Needs Shelter Volunteer Application

Last Name	First Name	Middle Name	
Home Address	City	State	Zip Code
Home Phone	Cell Phone	E-mail	
Business Address	Business City/State/Zip		Business Phone
<b>Volunteer Experience:</b> Please list volunteer experience, starting with the most recent.			
<b>Organization Name</b>	<b>Address</b>		<b>Phone</b>
<b>Organization Name</b>	<b>Address</b>		<b>Phone</b>
<b>Organization Name</b>	<b>Address</b>		<b>Phone</b>
<b>Work Experience:</b> Please list paid work experience, starting with the most recent.			
<b>Organization Name</b>	<b>Address</b>		<b>Phone</b>
<b>Organization Name</b>	<b>Address</b>		<b>Phone</b>
<b>Current License(s)/Certifications</b> (Please include driver's license)			
Type:	Number:	State:	Expiration Date:
Type:	Number:	State:	Expiration Date:
Type:	Number:	State:	Expiration Date:
<b>Education and Training:</b> Begin with the most recent.			
<b>Institution Name</b>	<b>City/State</b>	<b>Degree/Major</b>	<b>Date Attended</b>
<b>Fluent Language Skills:</b>			
<input type="checkbox"/> American Sign	<input type="checkbox"/> Albanian	<input type="checkbox"/> Arabic	<input type="checkbox"/> Armenian
<input type="checkbox"/> Bengali	<input type="checkbox"/> Bulgarian	<input type="checkbox"/> Chinese	<input type="checkbox"/> Czech
<input type="checkbox"/> Danish	<input type="checkbox"/> Dutch	<input type="checkbox"/> English	<input type="checkbox"/> Farsi
<input type="checkbox"/> Finnish	<input type="checkbox"/> French	<input type="checkbox"/> German	<input type="checkbox"/> Greek
<input type="checkbox"/> Gujarati	<input type="checkbox"/> Haitian Creole	<input type="checkbox"/> Hindi	<input type="checkbox"/> Hungarian

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<input type="checkbox"/> Indonesia	<input type="checkbox"/> Italian	<input type="checkbox"/> Japanese	<input type="checkbox"/> Khmer
<input type="checkbox"/> Korean	<input type="checkbox"/> Laotian	<input type="checkbox"/> Malayalam	<input type="checkbox"/> Norwegian
<input type="checkbox"/> Polish	<input type="checkbox"/> Portuguese	<input type="checkbox"/> Punjabi	<input type="checkbox"/> Romanian
<input type="checkbox"/> Russian	<input type="checkbox"/> Samoan	<input type="checkbox"/> Serbo-Croatian	<input type="checkbox"/> Somali
<input type="checkbox"/> Spanish	<input type="checkbox"/> Swahili	<input type="checkbox"/> Swedish	<input type="checkbox"/> Tagalong
<input type="checkbox"/> Tamil	<input type="checkbox"/> Thai	<input type="checkbox"/> Tigrinia	<input type="checkbox"/> Turkish
<input type="checkbox"/> Twi	<input type="checkbox"/> Ukranian	<input type="checkbox"/> Urdu	<input type="checkbox"/> Vietnamese
<b>Geographic availability:</b> Check the boxes for places you would be willing to volunteer.			
<input type="checkbox"/> My county only		<input type="checkbox"/> Multiple Counties List:	<input type="checkbox"/> State-wide
<b>Level of participation:</b> Select the level of participation you prefer.			
<input type="checkbox"/> All the time	<input type="checkbox"/> Training	<input type="checkbox"/> Disaster Only	<input type="checkbox"/> I'll call you
<b>Availability:</b> For daily and/or training participation			
<input type="checkbox"/> Monday	<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Evening
<input type="checkbox"/> Tuesday	<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Evening
<input type="checkbox"/> Wednesday	<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Evening
<input type="checkbox"/> Thursday	<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Evening
<input type="checkbox"/> Friday	<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Evening
<input type="checkbox"/> Saturday	<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Evening
<input type="checkbox"/> Sunday	<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Evening
<input type="checkbox"/> Anytime	<input type="checkbox"/> Anytime	<input type="checkbox"/> Anytime	<input type="checkbox"/> Anytime
<input type="checkbox"/> Anytime	<input type="checkbox"/> Anytime	<input type="checkbox"/> Anytime	<input type="checkbox"/> Anytime
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<input type="checkbox"/> Anytime	<input type="checkbox"/> Anytime	<input type="checkbox"/> Anytime	<input type="checkbox"/> Anytime
<input type="checkbox"/> Anytime	<input type="checkbox"/> Anytime	<input type="checkbox"/> Anytime	<input type="checkbox"/> Anytime
<b>Emergency Contact Information</b>			
A.	Name Phone	Relationship	Address
<b>Personal Information:</b> A "yes" or "no" answer to the following questions will not necessarily disqualify any applicant from becoming a local public health volunteer.			
Are you licensed to operate a motor vehicle in this state?			Yes   No
Has your license to operate a motor vehicle ever been revoked? If yes, please explain.			Yes   No
Have you ever been bonded?			Yes   No
Has your bonding ever been revoked? If yes, please explain.			Yes   No
			Office use only
Have you ever been convicted of a felony, or within the past 24 months, of a misdemeanor that resulted in imprisonment? If yes, please explain.			Yes   No
			Office use only
<b>Volunteer Affiliations:</b> Please list volunteer organizations you are currently associated with:			

## Functional Needs Shelter Volunteer Application Volunteer Consent

I verify that all information, provided in the Public Health Volunteer Application, is accurate to the best of my knowledge.

I give the local public health agency (LHD) permission to inquire into my character references, licensures, and employment and/or volunteer history. I also give the holder, of any such information, permission to release it to the LHD.

I hold the LHD harmless of any liability, criminal or civil, which may arise as a result of the release of this information about me. I also hold harmless any individual or organization that provides information to the above named agency. I understand that the LHD will use this information only as part of its verification of my volunteer application.

I hold the LHD harmless of any liability that I might incur during the process of my duties. I understand that I am volunteering on my own behalf and agree to operate within the scope of my responsibilities, be properly trained, and be licensed and certified by the appropriate agencies (if required). I will not be guilty of any willful or criminal misconduct, gross negligence or reckless misconduct in the course of my duties as a public health volunteer.

\_\_\_\_\_  
Name --please print

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

## Parental Consent

I verify that I am the above named individual's legal guardian, and he/she is under the age of 18. I, as the legal guardian, give the above named individual my permission to volunteer with the local public health department. I release the local public health department, and any individual and/or organization associated with the local public health department, of any liability the above named individual may incur. I understand that he/she is volunteering at his/her own risk.

\_\_\_\_\_  
Name of legal guardian

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Signature of legal guardian

\_\_\_\_\_  
Date