



Clinic Volunteer Registration Form



9/28/16

Please mail or fax your completed form to:

MDA #31
c/o Windsor Health Department
275 Broad Street
Windsor, CT 06095
Fax: 860.285.1864

DATE: _____

PLEASE PRINT CLEARLY – ALL FIELDS ARE REQUIRED

FIRST NAME: _____ LAST NAME: _____

Mailing Address: _____

Town: _____ State: _____ Zip Code: _____

Phone (Home): _____ Phone (Work + ext) _____

Cell Phone: _____ Fax: _____

Home Email: _____

Work Email: _____

Gender: (circle) Male Female Date of Birth: _____

We will add your contact information to the Everbridge system for MDA 31 notification purposes. MDA 31 volunteers agree to participate in one annual drill to test our ability to reach you in an emergency.

Which is the FIRST way we should try to reach you in an emergency?

Home Phone Work Phone Cell Phone Text Msg

Do you have any experience or interests that would be useful in a clinic?

- | | |
|--|--------------------------------------|
| <input type="checkbox"/> Customer Service | <input type="checkbox"/> Medical |
| <input type="checkbox"/> Food Service | Area: _____ |
| <input type="checkbox"/> Public Speaking/Media | <input type="checkbox"/> Technology |
| <input type="checkbox"/> Secretarial | <input type="checkbox"/> Translation |
| <input type="checkbox"/> Other _____ | Language(s): _____ |

We will use this information for planning purposes only. You may change your mind at any time.

For information, please call the Windsor Health Department at **860-285-1823**.