

**PUBLIC HEALTH EMERGENCY VOLUNTEER RESERVE APPLICATION**

NAME \_\_\_\_\_ PROFESSION \_\_\_\_\_  
ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_  
ZIP CODE \_\_\_\_\_ TELEPHONE (Day) \_\_\_\_\_  
(Night) \_\_\_\_\_  
DATE OF BIRTH \_\_\_\_\_ Email (optional) \_\_\_\_\_  
COUNTY YOU DESIRE TO VOLUNTEER IN \_\_\_\_\_

**BACKGROUND INFORMATION**

It is imperative that security be provided as part of the immunization clinic process. *(Please mark the appropriate answer.)*

Yes  No Have you been convicted of a felony or misdemeanor? If yes, please identify offense and date. \_\_\_\_\_  
 Yes  No Have you had a criminal background check?  
 Yes  No I consent to a Criminal Background Check by the appropriate law enforcement agency.  
*(Volunteers may be handling/working with medical/vaccine products)*

In order to facilitate processing of the applicants and program elements needed, please check the desired area of your expertise and/or program element in which you would like to volunteer. *(Please mark all categories of interest.)*

**Medical Volunteer Needs:**

Triage (Nurse/EMT)  Medical Screeners  
 Patient Education  Physician Evaluators  
(Evaluate ill/additional screening)  
 Vaccinator  EMT  

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 Information Distribution  Logistics/Supplies  
 Data Entry  Traffic Flow (Persons/vehicle)  
 Security  Interpreter: Language \_\_\_\_\_  
 General Volunteer Assistance  Technology Support

**State Database:**  Yes (All personal information will be released to the state)  
 No (All personal information will stay local) *(Please mark the appropriate answer.)*

Thank you for your intent to enhance preparedness by supporting our community.

\_\_\_\_\_  
**Volunteer Signature** \_\_\_\_\_  
**Date**

*Please complete this form and return to your local health unit.*

**FOR INTERNAL USE ONLY:                      RECEIVED:                      PROCESSED:**

**GET THE**

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**PHEVR**

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**BECOME A VOLUNTEER!**

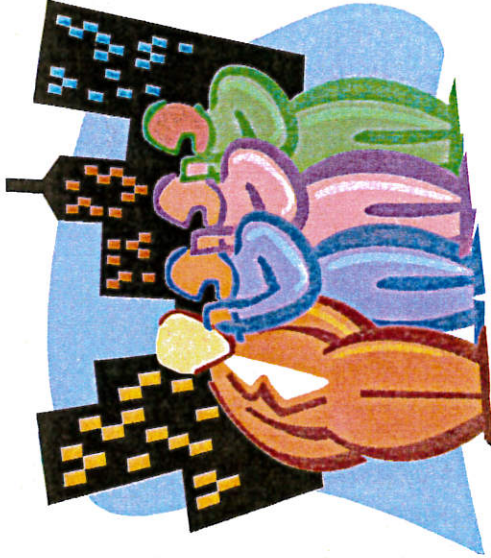
**MISSION**

To provide medical and non-medical personnel to assist in a public health emergency through an integrated system of identification, recruitment, and training.

**HOW TO REGISTER:**

If you are at least 18 years old and are a ND resident, fill out the application on the inside of the brochure and return to your local health unit office.

***Thank you for your  
commitment to our  
community!***



**PUBLIC HEALTH  
EMERGENCY  
VOLUNTEER  
RESERVE**

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**PHEVR**

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**For more information contact:**

**Southwestern District Health Unit**

Emergency Preparedness and Response

2893 3<sup>rd</sup> Avenue West

Dickinson, ND 58601

701-483-3780

1-800-697-3145



**Partner with  
Southwestern District  
Health Unit to protect  
our community!**

