

# MASS DISPENSING CLINICS – CENTRAL CT HEALTH DISTRICT (Area 28)

Serving Towns of Berlin, Newington, Rocky Hill & Wethersfield

## Volunteer Registration Form

Please fill out the following form to volunteer to assist at Mass Dispensing Clinics for vaccinations and medications. A clinic would be opened in response to an infectious exposure of residents to disease requiring vaccination or antibiotics. Clinic volunteers and their households would be vaccinated/receive antibiotics prior to opening a clinic to the general public. At this time, vaccination for smallpox is NOT a requirement to become a volunteer. Information for volunteers, their families and others will be available on our Website (<http://www.ccthd.org>). Questions and suggestions may be discussed by calling the Health District's Emergency Preparedness Coordinator at 721-2816.

Note: \* denotes a required field

Name *	Home Phone *
Address *	Work Phone
City	Cell Phone
State	Pager
Zip Code	E-mail Address
	Work E-mail? <input type="checkbox"/>
	Home E-mail? <input type="checkbox"/>
Occupation: _____	
Are you currently practicing/working in this area? ( ) Yes ( ) No	
Specialty Area: _____	

THE CLINIC WILL NEED VOLUNTEERS TO DO ALL OF THE FOLLOWING ASSIGNMENTS. PLEASE INDICATE WHERE YOU FEEL YOU CAN BEST BE

**UTILIZED. IF YOU HAVE SPECIFIC MEDICAL OR OTHER EDUCATION/TRAINING, PLEASE INDICATE BELOW.**

**GENERAL VOLUNTEER AREAS**

**MEDICAL VOLUNTEER AREAS**

INFORMATION DESK/ FORMS REVIEW

PHYSICIAN EVALUATORS

VIDEO/ORIENTATION/EDUCATOR

VACCINATOR/ASSISTANT (RN, LPN, APRN, PA, EMT, PARAMEDIC, VETERINARIAN, PODIATRIST, DENTIST, etc.

MEDICAL RECORDS/DATA ENTRY

VACCINE PREP(PHARMACIST, PHARMACY TECHNICIAN, SELECTED OTHER MEDICAL)

CLINIC FLOW/PEOPLE MOVING

TRIAGE

SECURITY

MEDICAL SCREENER

PARKING/TRAFFIC CONTROL

EMT/PARAMEDICS

TRANSLATOR (specify)

PSYCHO/SOCIAL SUPPORT

FLOATER / RUNNER

FUNERAL DIRECTOR/TECHNICIAN

COMPUTER TECH / INFORMATION SYSTEMS

OTHER

FOOD SERVICE

TRANSPORTATION

SUPPLY MANAGEMENT/RESUPPLY

CHILDCARE

SPECIAL NEEDS/ELDER CARE

BUILDING MAINTENANCE/JANITORIAL

PUBLIC INFORMATION/MEDIA

**If you have signed up for a position requiring medical training, please list your title, license/certification type and license/certification number:**

State: \_\_\_\_\_ License

License Number:

Expiration date:

type:

What is your license status?

Active? \_\_\_\_\_ Inactive?

Retired? \_\_\_\_\_

**Please check all shifts for which you may be available:**

Full (8hr) shifts:            Morning    Evening

Half (4hr) shifts:                      Morning    Evening

Are you interested in  
being part of the  
Clinic Planning  
Committee or being  
a Coordinator  
position for the  
Volunteer Area in  
which you are  
interested?

- ( ) Yes
- ( ) No
- ( ) Maybe

**Are you interested in being a volunteer to assist the Health District with:**

- Ongoing support for health of District towns i.e. Flu clinics, education programs, telephone trees**
- Health District emergency/disaster response situations**
- Bioterrorism emergencies/disasters only**

**Other comments or concerns:**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Date of Birth (opt):** \_\_\_/\_\_\_/\_\_\_      **Last 4 Digits of Social Security #:**  
\_\_\_\_\_

**Note that this is not a commitment on your part. This information will be helpful to us in our planning efforts and will be held in confidence.**

**Please return completed form to:**

**Emergency Preparedness Coordinator**

**Central CT Health District**

**505 Silas Deane Highway**

**Wethersfield, CT 06109**

**[judye.torpey@wethersfieldct.com](mailto:judye.torpey@wethersfieldct.com)**