

**All Hazards-Public Health Emergency Volunteer Application  
Texas Department of Health-Public Health Region 4/5/N  
Bowie, Cass & Red River Counties**

Personal Information—Please **PRINT LEGIBLY** and complete all information. I would like to volunteer to assist with:

**Local Vaccination/Dispensing Clinic**  **SNS Warehouse**

Name: \_\_\_\_\_ Gender:  Female  Male  
Last First Middle

Address (Please provide **rural** “911” address if known): \_\_\_\_\_  
Address City/Town Zip

Phone: ( ) \_\_\_\_\_ ( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
Home Work Cell/ Mobile

Email (Home): \_\_\_\_\_ Email (Work): \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

List any special skills/training/abilities you believe would be of assistance during a community crisis situation: i.e. verbal languages (specify), sign languages (ASL, other), TTY/TDD, Computer skills, Construction skills, Communication skills, etc.

Professional License # (if applicable) \_\_\_\_\_ Type of license \_\_\_\_\_ Expiration (mm/dd/yyyy) \_\_\_\_\_

Drivers License #: \_\_\_\_\_ State: \_\_\_\_\_ Expiration (mm/dd/yyyy): \_\_\_\_\_

Emergency Notification: \_\_\_\_\_ ( ) \_\_\_\_\_  
Name Relationship Phone

**All hazard-Public Health Emergency Volunteer Requirements & Responsibilities:**

1. Submit complete application form and questionnaire
2. Be at least 18 years of age
3. Hold a current valid Texas drivers license.
4. Have no convictions of any felony, D.W. I., Sexual or Family Violence
5. Participate in all training sessions
6. Comply with worker / volunteer standards established by the jurisdiction
7. Notify the jurisdiction, in writing, when terminating volunteer status
8. Be available on short term notice

I understand:

- The purpose of this application is to enable our community to build a data base of potential volunteers for call down in case of a public health emergency.
- That in case of my deployment for a public health emergency, I may be contacted at any time (day or night).
- That due to the nature and content of the Strategic National Stockpile and Mass Vaccination Plans and the potential duties of volunteers, a background check may be conducted on volunteer applicants. I understand that a **felony conviction** for D.W.I., drug-related, sexual, or family violence offenses may disqualify me for participation as a volunteer in the SNS program.
- That all information regarding the Strategic National Stockpile and Mass Vaccination plans are considered confidential and I will not release names, locations of warehouses or any other sensitive information without the permission of the SNS or vaccination coordinator.
- That any information I have provided in this application may be used by and disclosed to the Regional SNS Coordinator and/or Vaccinator Coordinator for planning purposes and volunteer assignment only.

**I have read and understand the above listed requirements, responsibilities and information. I attest to the accuracy of the information I have provided on this application. I hereby authorize the local SNS Coordinator and/or Vaccinator Coordinator to receive and disclose my information to the Regional SNS Coordinator or Vaccinator Coordinator for the purposes and reasons stated above.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Initials \_\_\_\_\_

**PLEASE SUBMIT APPLICATION TO: Texarkana Bowie County Family Health Center  
 ATTN: Sheri Wade or Gary Chaffin  
 Address: 902 W. 12<sup>th</sup> Street PHONE: (903)798-3250  
 City, State: Texarkana, TX 75503 FAX: (903)793-2289**