

CHESPROCOTT HEALTH DISTRICT

1247 HIGHLAND AVENUE, CHESHIRE, CT 06410 Phone: (203) 272-2761
 Maura Esposito, M.P.H., Director of Health Fax: (203) 250-9412



Volunteer Sign-Up Form 2016

I would like to serve as a volunteer for the Chesprocott Health District in the event of a Public Health Emergency in our community including the towns of Cheshire, Prospect, and Wolcott.			
Name		Date	
Address			
City, State, Zip Code			
Work Phone <small>*Please indicate preferred primary phone and email</small>		Home Phone	
Fax Number		Cell Phone	
Work Email Address		Home Email Address	
Date of Birth		Gender <input type="checkbox"/> M <input type="checkbox"/> F	
Primary Occupation Examples include but are not limited to: Administrative Assistant, Caretaker, Computer Technician, Doctor, Engineer, Homemaker, Retiree, Student, Teacher, etc.			
Any other special skills or experience?			
I prefer to be contacted by:		Please help us communicate with all members of our community. Are you fluent in a language other than English? Only check boxes if you are willing to serve as a translator.	
<input type="checkbox"/> Work phone	<input type="checkbox"/> Albanian	<input type="checkbox"/> Italian	<input type="checkbox"/> Sign Language
<input type="checkbox"/> Home phone	<input type="checkbox"/> Chinese	<input type="checkbox"/> Japanese	<input type="checkbox"/> Vietnamese
<input type="checkbox"/> Cell phone	<input type="checkbox"/> French	<input type="checkbox"/> Portuguese	
<input type="checkbox"/> Fax	<input type="checkbox"/> German	<input type="checkbox"/> Russian	
<input type="checkbox"/> Email (work)	<input type="checkbox"/> Hungarian	<input type="checkbox"/> Spanish	
<input type="checkbox"/> Email (home)	<input type="checkbox"/> Other (please indicate)		
Please return this completed form to Chesprocott Health District by email to ksima@chesprocott.org , mail or fax to the address listed above. Thank you for your participation. We will be in touch soon and look forward to working with you.			