

CHESPROCOTT HEALTH DISTRICT

1247 HIGHLAND AVENUE, CHESHIRE, CT 06410

Maura Esposito, M.P.H., Director of Health

Phone: (203) 272-2761

Fax: (203) 250-9412



Volunteer Registration Form

I would like to serve as a volunteer for the Chesprocott Health District (CHD) in the event of a Public Health Emergency in our community, which includes the towns of Cheshire, Prospect, & Wolcott.			
Full Name:		Date:	
Address:			
City, State, & Zip Code:			
Work Phone Number: <small>*Please indicate primary/preferred phone #.</small>		Home Phone Number:	
Fax Number:		Cell Phone:	
Work Email Address: <small>*Please indicate primary/preferred email.</small>		Home Email Address:	
Date of Birth:		Gender: <input type="checkbox"/> M <input type="checkbox"/> F	
Primary Occupation (e.g. Administrative Assistant, Caretaker, Computer Technician, Doctor (MD), Pharmacist, Registered Nurse (RN), Advanced Practice RN (APRN), Engineer, Homemaker, Retiree, Student, Teacher, etc.):			
Any other special skills or experience?			
I prefer to receive emergency information by:		Are you fluent in another language? If so, please help us communicate with all members in our community. If you are willing to act as a translator, please check the box(es) that apply to you.	
<input type="checkbox"/> Work phone	<input type="checkbox"/> Spanish	<input type="checkbox"/> Italian	<input type="checkbox"/> Vietnamese
<input type="checkbox"/> Home phone	<input type="checkbox"/> Portuguese	<input type="checkbox"/> Hungarian	<input type="checkbox"/> Mandarin / Beijing dialect
<input type="checkbox"/> Cell phone	<input type="checkbox"/> French	<input type="checkbox"/> Albanian	<input type="checkbox"/> Min / Taiwanese Hokkien
<input type="checkbox"/> Text Message	<input type="checkbox"/> German	<input type="checkbox"/> Russian	<input type="checkbox"/> Yue / Cantonese
<input type="checkbox"/> Email (work)	<input type="checkbox"/> Polish	<input type="checkbox"/> Japanese	<input type="checkbox"/> Wu / Shanghaiese
<input type="checkbox"/> Email (home)	<input type="checkbox"/> Sign Language?		
<input type="checkbox"/> Fax	<input type="checkbox"/> Other (please indicate)		
Please return the completed form to CHD by email to ksima@chesprocott.org , mailing it to the address listed above, or via fax. Thank you for participating, and we look forward to working with you soon!			