

CHESPROCOTT HEALTH DISTRICT

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Volunteer Sign-Up Form

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		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:	Priority 1-6 0 = NA Number in which order you wish to receive Communications	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"/> Home phone		<input type="checkbox"/> Chinese	<input type="checkbox"/> Japanese
<input type="checkbox"/> Cell phone		<input type="checkbox"/> French	<input type="checkbox"/> Portuguese
<input type="checkbox"/> Text		<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 jatkins@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.			