



County: _____

Title: Mr. Mrs. Miss _____

First Name: _____ MI: _____

Last Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: (____) _____ - _____ Cell Phone: (____) _____ - _____

e-mail: _____

Occupation: _____

Employer: _____

Business Address: _____

City: _____ State: _____

Zip Code: _____ Business Phone: (____) _____ - _____

Fax: (____) _____ - _____ Pager: (____) _____ - _____



Languages: Spanish Haitian Other: _____

Professional License: _____ Date: _____

Board Certification: _____ Date: _____

Other Volunteer Activities: _____

Any Criminal Convictions: Yes No Details: _____

Would you also serve outside the local county?: Yes No

Where: Adjoining counties District 2 Statewide

Additional Skills: Security Health Care Counseling Triage Computer

Other: _____

I authorize the use of this information by Georgia Division of Public Health, North Health District 2 in the course of official business. Including but not limited to a criminal background check and verification of credentials.

Signature _____

For Public Health Use Only

Date Screened: _____ Date Trained: _____ Position: _____

Accepted: Yes _____ No _____