San Patricio County Department of Public Health Volunteer Application

Personal Information—Please $\underline{\textbf{PRINT LEGIBLY}}$ and compared to the property of the propert	nplete all information. I w	ould like to volunteer to assist with:
☐ Local Dispensing Site Volunteer ☐ Other Health Care Provider ☐ Non-Medical Volunteer ☐ Other		
		MT, NA, etc.)
Name:		Gender: Female Male
Last First	Middle	
Address:Address	C'. T	
	•	Zip
Phone: () () Work #	()Cell/ M	()obile # Pager #
Email (Home):		Taga
Linan (none).	Eman (work).	
Occupation:	Employer:	
Check any special skills/training/abilities you believe would be of Driving,Communications,Computer,Construction,CSecurity,Sign Language,TTY/TDD,Warehouse,Special Credentials or Experience:	ounseling,Education,	
Drivers License #:Stat	e:Expira	tion (mm/dd/yyyy):
Social Security #:		
Emergency Notification:		()
Emergency Notification:	Relationship	Phone
Volunteer Requirements & Responsibilities:		
Submit complete application form and cop	by of current Texas driver's	icense and SS number
 Be at least 18 years of age Have no felony convictions for D.W. I., D 	Trug related Sevuel or Femil	v Violence offenses
4. Participate in all required training sessions	_	y violence offenses
5. Comply with worker / volunteer standards		Coordinator
Notify the Health Department Volunteer C	Coordinator, in writing, when	terminating volunteer status
7. Be available on short notice		
8. Notify Volunteer Coordinator of any chang I understand:	ges in contact information	
 That any information I have provided in this application may be and/or Team Leader for planning purposes and volunteer assigr That, in the case of an Emergency, I may be contacted at any tire 	ment ONLY.	Health Department Volunteer Coordinator
That all information regarding the type of volunteer event maybe		
warehouses, or any other sensitive information without the perm		
 Due to the nature and content of the San Patricio County Deparmay be conducted on volunteer applicants. I understand that a foffenses will disqualify me for participation as a volunteer in the discretion of the Volunteer Coordinator. 	felony conviction for D.W.I	, drug-related, sexual, or family violence
I have read and understand the above listed requirements, res I have provided on this application. I hereby authorize the He information to Other Government groups for the purposes an	alth Department Volunteer	
Signature:		Received by:

Please Return filed document to 313 N. Rachal St. RM 209 Sinton, TX 78387 or email to clara.rieder@co.san-patricio.tx.us Rev. 8/19