



**New Milford Health Department Volunteer Contact Form:**

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Professional Title(RN, MD, DDS, etc.): \_\_\_\_\_

**Circle one:**            Male                            Female

Home street address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

**Text: Yes/No**

Home Phone: \_\_\_\_\_

Work email: \_\_\_\_\_

Home email: \_\_\_\_\_

**Please circle preferred method of contact: Phone    Text    Email**

Area of expertise (CDL, public service, special skills or other qualifications such as CPR, First Aid, IT or other medical training): \_\_\_\_\_  
\_\_\_\_\_

Drill or Sheltering Experience (Have you participated before): Yes/No

When: \_\_\_\_\_

Language: Do you speak, read, write or understand another language (if yes, please indicate which language): \_\_\_\_\_  
\_\_\_\_\_

**THANK YOU FOR VOLUNTEERING!**