Alabama Department of Public Health

Center for Emergency Preparedness

Licensed Volunteer Form

DATE _____

FIRST NAME _____ LAST NAME _____

LAST 4 NUMBERS OF SOCIAL SECURITY # _____ DATE OF BIRTH _____

WORK ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME ADDRESS _____

CITY _____ STATE _____ ZIP _____

WORK PHONE _____ HOME PHONE _____

FAX NUMBER _____ CELL PHONE _____

EMAIL ADDRESS (Very important in updating you on training opportunities) _____

Will you serve during a public health emergency event? ☐ Yes ☐ No

Will you serve during an out-of-state public health emergency event? ☐ Yes ☐ No

Are you fluent in any language other than English? ☐ Yes ☐ No
If yes, please identify languages: ☐ Spanish ☐ Korean ☐ German ☐ French ☐ Vietnamese ☐ Other: _____

Are you a certified sign language interpreter? ☐ Yes ☐ No

Have you been vaccinated against smallpox? ☐ Yes ☐ No
If yes, date of vaccination, location and vaccinating authority _____

Have you been certified in administration of the smallpox vaccine? ☐ Yes ☐ No
If yes, certification date, location and certifying authority _____

Would you be willing to become a member of the Medical Reserve Corps (MRC)? ☐ Yes ☐ No

Number of people in immediate household _____

Continued on reverse

To fill this form out online or to update your information, please go to our Web site www.adph.org/cep
To fax, please send to 334-206-3819.

Nurses Only (check one please) ☐ LPN or ☐ RN

Alabama License Number_____

Other states in which you are registered and license number

_____

Current of practice (check all that apply)

☐ Home Health ☐ Academia

☐ Public Health ☐ Long term care ☐ Community

☐ Retired ☐ Other _____

☐ Hospital - Clinical specialty _____

Current CPR Trained ☐ Yes ☐ No (If yes, expiration date _____)

Current First Aid Training ☐ Yes ☐ No SNS Training: 101 ☐ Yes ☐ No
102 ☐ Yes ☐ No

Area of state willing to serve:

☐ Statewide ☐ Area 1 ☐ Area 2 ☐ Area 3 ☐ Area 4 ☐ Area 5 ☐ Area 6 ☐ Area 7

☐ Area 8 ☐ Area 9 ☐ Area 10 ☐ Area 11

Pharmacists Only

(check one please) ☐ Licensed Pharmacist or ☐ Technician

Alabama Pharmacist or Tech License Number _____

Other states in which you are registered and license number _____

Area of practice (Check all that apply):

☐ Hospital ☐ Community

☐ Long term care ☐ Academia

☐ Other _____

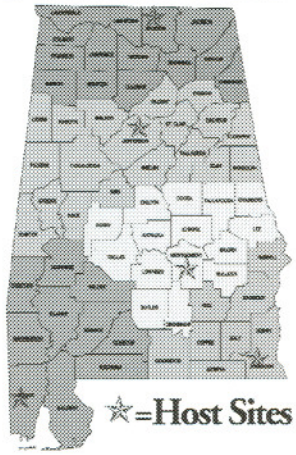
Area of state willing to serve:

☐ Huntsville catchment area ☐ Montgomery catchment area

☐ Birmingham catchment area ☐ Dothan catchment area

☐ Mobile catchment area

Strategic National Stockpile Distribution Model



Service Workers Only

Discipline (check one please) ☐ Social Worker ☐ LPC

☐ Mental Health Case Manager ☐ Psychiatrist ☐ Psychologist

Alabama License Number_____

Other states in which you are registered and
license number _____

Area of state willing to serve:

☐ Statewide ☐ Area 1 ☐ Area 2 ☐ Area 3 ☐ Area 4 ☐ Area 5

☐ Area 6 ☐ Area 7 ☐ Area 8 ☐ Area 9 ☐ Area 10 ☐ Area 11