

BAY COUNTY HEALTH DEPARTMENT VOLUNTEER REGISTRATION RECORD
Bay County Health Department

Volunteer Name (Last, First, Middle Name)		Birth Date:	
Home Address:		Email Address:	
City	Zip Code	Emergency Contact Name:	
State:		Emergency Contact Number:	
Contact Number/Cell Phone Number ()		Do you have a valid Michigan Driver's License <input type="checkbox"/> yes <input type="checkbox"/> no	
Previous or other Names Used:		Driver's License Number:	
Do you require a reasonable accommodation to perform volunteer services? <input type="checkbox"/> Yes <input type="checkbox"/> No		If you require a reasonable accommodation, please explain:	
I authorize the use of my name and photograph/video taken for publicity purposes. <input type="checkbox"/> Yes <input type="checkbox"/> No		You have my permission to contact references, and to do a criminal record check, a children's protective services record check, a Public Sex Offender Registry check and a driving record check with the Secretary of State. <input type="checkbox"/> Yes <input type="checkbox"/> No	

YES NO

- Have you been identified as a perpetrator of child abuse or neglect?
- Have you been convicted of a felony?
- Have you been convicted of a misdemeanor?
- Do you have a felony charge pending?
- Are you required to register as a sex offender?

Are you interested and trained to do the following? (CHECK ALL THAT APPLY)

- Administering Vaccine (Nurse or Medical Professional)
- Prepare/Draw-Up Vaccine (Sterile Process Trained)
- EMT Duties
- Data Management/Input
- Host/Reception
- General Assistance

I understand that I must not divulge information contained in Bay County Health Department records and files, or information that is obtained while performing Bay County Health Department activities, except to other Bay County Health Department paid or unpaid staff who may need such information in connection with their duties. I will continue to observe this confidentiality agreement after I leave the Volunteer Services of the Bay County Health Department.

Volunteer Signature	Date:	Interviewer Signature	Date
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The County of Bay and the Bay County Health Department do not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, genetic information, sex, sexual orientation, gender identity or expression, political beliefs or disability.