

Adair County Health Department Volunteer Application

CVC (Community Volunteer Corps)

Last Name		First Name		Middle Initial	
Home Address		City	State		Zip Code
Home Phone		Cell Phone	Email Address		
Business Address		Business City/State/Zip			Business Phone
Work Experience: Please list most recent employer and duties.					
Please complete the skill sets found on the back side (page 2) of this form					
Current License(s)/Certifications:					
Type: Medical, etc. (specify)	Number:	State:		Exp. Date:	
Type: Drivers License					
Education and Training: List information related to licensure.					
Institution(s) Name:	City/State(s):	Degree Major(s):		Date(s) Attended:	
Languages Spoken:					
Geographic Availability: Please check all of the boxes of the places you would be willing to volunteer:					
My County <input type="checkbox"/>	Multiple Counties <input type="checkbox"/>	State Wide <input type="checkbox"/>	Nation/World Wide <input type="checkbox"/>		
Level of Participation: Select the level of participation you prefer.					
All the time <input type="checkbox"/>	Training <input type="checkbox"/>	Emergency Only <input type="checkbox"/>	Limited Basis <input type="checkbox"/>		
Availability: Select The Days and Times Available					
ALL DAYS <input type="checkbox"/>	M <input type="checkbox"/>	T <input type="checkbox"/>	W <input type="checkbox"/>	TH <input type="checkbox"/>	F <input type="checkbox"/>
	Sat. <input type="checkbox"/>	Sun. <input type="checkbox"/>	ANYTIME <input type="checkbox"/>	Morning <input type="checkbox"/>	Afternoon <input type="checkbox"/>
				Evening <input type="checkbox"/>	
Emergency Contact Information:					
Name	Relationship	Address		Phone	
Personal Information:				YES	NO
Are you licensed to operate a motor vehicle in this state?				<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been convicted of a felony? If yes please explain.				<input type="checkbox"/>	<input type="checkbox"/>
Past 24 months have you been convicted of a Misdemeanor that required Jail Time? If yes please explain.				<input type="checkbox"/>	<input type="checkbox"/>
Signature:				Date:	
For Office Use Only: Reviewed by				Date:	

OVER

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Please (✓) the following special skills or experience you possess:

- Medicine
- Skilled Nursing
- Nursing Aide
- Therapy
- Public Relations
- Public Health
- Communications (TV/Radio/Elec. Media)
- HAM radio
- Electrical
- Management/business
- Office Clerk/telephone/computer
- Data entry
- Law enforcement
- Fire/First Responder
- Driver/MO CDL A or B
- Other: _____
- Other: _____
- Other: _____
- Other: _____

After completing the application,

Please Print the document, Sign and Date the first page and return it to:

Adair County Health Department

1001 S. Jamison

Kirksville, Missouri 63501