



Greene County Public Health  
 411 Main Street Catskill, NY 12414  
 518-719-3270  
**Community Health Volunteer Application**



**Name:**

**Age:**

**Address:**

**City:**

**Zip:**

**Phone:**

**Alt. Phone:**

**Fax:**

**E-mail:**

**Organization:**

**Availability (please circle):**

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
AM	AM	AM	AM	AM	AM	AM
PM	PM	PM	PM	PM	PM	PM

**Do you have any special needs or restrictions (ex. transportation, physical)?**

**Are you a registered medical professional? If yes, what type of license?**

**What are your hobbies and/or special interests?**

**Experience: Do you have any of the following skills?**

- CPR
- Counseling Skills
- Crowd Management
- Elderly/ disabled assistance
- Language Interpretation
- Transportation
- Hazardous Materials Training (HAZMAT)
- Other (please describe):
- Computer Skills
- Retired Nurse
- Retired Physician
- First Aid
- Social Work
- Phone Receptionist
- Basic Disaster Life Support Training (BDLS)