



East Shore District Health Department
Serving Branford, East Haven and North Branford

REGION 21: Public Health Emergency Response Team

Towns of Madison, Guilford, Branford, North Branford, East Haven

Mass Vaccination/Distribution Clinic Volunteer Registration Form

Information from this form will be entered in a database, part of which may be available to other volunteers to facilitate scheduling.

Name: _____

Address: _____

Home Phone: _____ Work Phone: _____

Fax: _____ Cell Phone: _____

Email: _____ Pager: _____

Please indicate the best way to contact you with a *

CLINIC TASK FOR WHICH YOU ARE VOLUNTEERING:
 (PLEASE UNDERLINE 1ST CHOICE AND CIRCLE SECOND OR THIRD CHOICES)
 Tasks in bold require medical training.

- TRIAGE**
- VIDEO/ORIENTATION
- REFERRAL PERSONNEL
- MEDICAL SCREENER**
- PHYSICIAN EVALUATORS**
- VACCINATORS/WITNESS
- VACCINE PREP/PHARMACY
- EXIT REVIEW
- MEDICAL RECORDS/DATA ENTRY
- EMT**
- CLINIC FLOW/HELPERS
- SECURITY
- TRAFFIC
- TRANSLATORS
- FLOAT STAFF
- CONTACT EVALUATION**
- IT PERSONNEL
- CHILDCARE**
- GENERAL SUPPORT
- MENTAL HEALTH
- TRANSPORTATION
- SUPPLIES
- TRANSLATOR _____(Language)



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If you have signed up for a position requiring medical training (bold type) please list your title, license/certification type and license/certification number below:

Title: _____ License type: _____ License # & expiration
date: _____

Please mail to: John Bowers, Director of Health, Madison Health Dept.
8 Campus Drive, Madison, CT 06443, or Fax: 203-245-5613 or E-mail: bowersjn@madisonct.org

OR

Please mail to: Jim Monopoli, Director of Health, East Shore District Health Dept.,
29C Business Park Drive, Branford, CT 06405, or Fax: 203-483-6894 or E-mail: jmonopoli@esdhd.org