

Keokuk County Public Health -101 S. Main, Courthouse-Sigourney, IA 52591 641-622-3575

Please complete and email to rclubb@keokukcountyia.com

Contact Information

Name			
Address			
City, State, Zip			
Home Phone			
Work Phone			
Cell Phone			
Email Address (please)			
Current Job Title: RN, LPN etc.			
License #			

Interests:

Please tell us in which areas you are interested in volunteering:

- Dispensing
- Registration
- Screening
- Out Processing
- Education
- Supply Inventory
- Phone Call System
- Runner, errands keep stations supplied
- Placement wherever needed.

Special Skills or Qualifications

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

Previous Volunteer Experience

Summarize your previous volunteer experience.

Continued on back

Person to notify in Case of Emergency

Name			
Address			
City, State, Zip			
Home Phone			
Work Phone			
Cell Phone			
Email Address (please)			

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal. I also understand that by signing this form I am volunteering at my own risk and will not hold Keokuk County Public Health responsible.

Name (printed) _____

Signature _____

Date _____

Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Thank you for completing this application form and for your interest in volunteering with us.