



# Volunteer Registration Form

Please print clearly. Submit to Logan County Health District or email/fax (see reverse)

Mr. Mrs. Ms. Name \_\_\_\_\_ Birth Date (if under 18 years of age) \_\_\_\_\_

Day Phone \_\_\_\_\_ E-mail address \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_ Emergency Phone \_\_\_\_\_

Your Occupation \_\_\_\_\_

Employer \_\_\_\_\_

Business Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

Times you are available \_\_\_\_\_

If you have any health limitations, please explain \_\_\_\_\_

Special skills and/or training: \_\_\_\_\_

Languages other than English (specify proficiency) \_\_\_\_\_

If so, would you be interested in providing language interpretation if needed for conversations with customers or written documents Yes \_\_\_\_\_ No \_\_\_\_\_

Please list two character references (can be a current employee of the Health District)

Name \_\_\_\_\_ Phone number \_\_\_\_\_

Name \_\_\_\_\_ Phone number \_\_\_\_\_

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**Interests: Please check all that apply.**

Clerical – filing, copying, mailings, creating packets of information or supplies

Data entry – Software: \_\_\_\_\_

Computer applications:  Publisher documents  Word documents  Excel (creating graphs and charts)

Web page design  Create Newsletters or Reports  Power Point Presentations

Sorting/packing/cleaning

Assist at annual walk (registration, hand out information, put up signs, lead warm up, DJ, clean up)

Distribution of flyers or signs in the community (must provide your own transportation and vehicle insurance)

Editing documents (grammar, spelling, ease of reading)

Functional needs support (sign language, other) \_\_\_\_\_ Creating simple reading materials \_\_\_\_\_

Participate in Emergency Exercises

Public Health Initiatives  Health Fairs  Public Health Week



**CONFIDENTIALITY INFORMATION STATEMENT**

I, \_\_\_\_\_, a volunteer at Logan County Health District (LCHD), hereby acknowledge that in the course of my service I may have exposure to confidential information about LCHD patients or clients from a variety of sources. Personal Health Information (PHI) is strictly confidential and must be protected. I hereby agree to disclose no confidential information. Further, when a patient or client’s health history is reviewed, all reasonable measures will be taken to ensure privacy. If I have reason to believe that confidentiality has been breached, even if it was accidental, I will report this as soon as possible to the LCHD Privacy Officer, or to the LCHD employee supervising my duties.

I also acknowledge that I am aware of the provisions of the Health Insurance Privacy and Accountability Act (HIPAA) regulations concerning privacy, confidentiality and security. Further, I have been given the opportunity to ask questions and understand what is expected of me.

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
LCHD Privacy Officer Date

**Release from Liability Statement**

**IN CONSIDERATION** of the opportunity to participate as a volunteer with the Logan County Health District (LCHD), I, \_\_\_\_\_, understand there are certain risks and hazards associated with the volunteer activities in which I am participating. The risks and hazards have been fully explained to me and I understand the safety precautions to be observed to minimize these risks.

I fully assume the risks involved as acceptable to me and I agree to use my best judgment in undertaking these volunteer activities and follow all safety instructions.

I waive and release Logan County Health District from all personal injury and liability that may result from my participation in these volunteer activities or instruction.

THE UNDERSIGNED HAS CAREFULLY READ AND VOLUNTARILY SIGN THE RELEASE.

\_\_\_\_\_  
Signature Date

**Please return to:  
Volunteer Coordinator  
Email: csummers@co.logan.oh.us  
fax: 937-592-6746**