

Application To Volunteer at The Middlefield Triage Facility

Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Email: _____ Age: _____

Availability: _____

How many hours would you be able to assist ? 2-4 _____ 4-8 _____ 8-12 _____

Are you able to get to the triage center in bad weather ? Yes ___ No ___

Can you volunteer if someone picked you up in bad weather? Yes ___ No ___

First Aid/Medical Experience ? Yes ___ No ___

CPR Certified: Yes _____ No _____

Certifications: _____

Experience: _____

Additional Information: _____

Signed: _____ Date: _____