

Saratoga County Public Health Volunteer Application Form

Last Name : _____ First _____ MI _____

Address: _____

City/Town: _____ Zip Code: _____

Home Email: _____

Place of Employment: _____

Employment Address: _____

Work Phone: _____ Ext: _____ Work Email: _____

Experience or Occupation: _____

Roles and Responsibilities of Interest

Indicate all of the areas in which you are interested. See job descriptions (attached) for details:

- | | |
|---|--|
| <input type="checkbox"/> Agency Coordinator | <input type="checkbox"/> Float Staff |
| <input type="checkbox"/> Traffic Control | <input type="checkbox"/> Form Collector |
| <input type="checkbox"/> Orientation | <input type="checkbox"/> Data Entry |
| <input type="checkbox"/> Paper Work Assistants | <input type="checkbox"/> Supply Assistants |
| <input type="checkbox"/> Clinic Flow & Form Helper | <input type="checkbox"/> Greeter/Forms and Packet Distribution |
| <input type="checkbox"/> Translator: What Language? _____ | |
| <input type="checkbox"/> Other | |

Comments: _____

Signature: _____ Date: _____

Complete this application and mail to:

**Gary Lewandowski
146 Thimbleberry Rd, Malta, NY 12020
Or call: 518-289-5649**