



Wheeling-Ohio County Health Department

1500 Chapline Street Rm 106
Wheeling, West Virginia 26003

Please e-mail completed form to:
wayland.w.harris@wv.gov

Volunteer Information Sheet

Name: _____

Phone: _____ Alternate Phone: _____

Home Address: _____

Work Address: _____

Work Phone: _____

Email Address: _____

Professional Health Care Training: Yes _____ No _____

If yes, what licensure do you currently hold?

License _____ State _____ Expiration Date _____

If NO, what is your work experience or area of expertise?

Examples: accountant, truck driver, language interpreter, telephone interviewing,
security, mental health, EMS, food, service, custodian:

We need volunteers who can commit to working as many hours as possible during an event.

During an emergency or disaster, when would you be most available to volunteer your time and services?

Anytime, 24/7 _____ Daytime only _____
Evenings only _____ Other, (be specific) _____
Weekends only _____

Please plan for the care of your family while away assisting the health department during a true disaster.

I, _____ (Printed Name), certify by signature and date below that I am willing to volunteer and assist the Wheeling-Ohio County Health Department at designated sites should a major outbreak, terrorist attack or other public health threat occur. I acknowledge that I am volunteering of my own free will and I release the Wheeling-Ohio County Health Department and the local health department staff from any liability due to injury or harm which may occur as a result of my volunteer work during a public health threat. I understand that the health department will make every effort to protect the health of its volunteers and their families.

Signature: _____ Date: _____

If you have any questions please contact Wayland Harris, Threat Preparedness Director, at (304) 234-3682 ext. 235.