



Public Health  
Emergency Management

**VOLUNTEER INFORMATION FORM**  
**Maricopa County Department of Public Health**  
**Office of Emergency Management**  
**4041 N. Central Avenue Suite #600**

Thank you for your willingness to assist during the MCDPH Point of Dispensing (POD) Field Exercise. In keeping with the provisions of the Department of Public Health to ensure your health and safety, as well as the health and safety of others, we ask you to complete this form for the job duties noted below:

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Street Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Daytime Phone: ( ) \_\_\_\_\_ Evening Phone: ( ) \_\_\_\_\_

Cell Phone: ( ) \_\_\_\_\_ Email: \_\_\_\_\_

Maricopa County, to the extent allowed by law, will assume liability for any injury sustained by you in performing tasks assigned to you as a volunteer, provided you are acting within the course and scope of the duties assigned to you and you are engaged in an authorized activity. This coverage does not extend to injuries sustained by you due to willful misconduct, gross negligence or bad faith. In the event that you sustain an injury while performing your assigned volunteer task(s), who should we contact?

Emergency Contact \_\_\_\_\_ Phone: \_\_\_\_\_  
Name/Relationship

Select the position that you will be filling in for our next Point of Dispensing Field Exercise

- POD Staff     POD Liaison     Screener/Vaccinator     Observer or Evaluator

**I understand that being a volunteer does not constitute a pledge of employment, and that no tangible compensation will be provided. I understand that not everyone will be selected as a volunteer. If selected I agree to adhere to the rules and instructions of my volunteer assignment, so as not to jeopardize health, operations, or procedures of the exercise.**

\_\_\_\_\_  
Volunteer's Name (please print): \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Volunteer's Signature \_\_\_\_\_ Date \_\_\_\_\_

Everyone that is volunteering for the Exercises is required to fill out a Volunteer Form for our records.

If you could please fill out and bring with you the day of the exercise, I would greatly appreciate it.

Thank you