

**Trumbull
County**



(330) 675-2590

Volunteer Survey

1. *How did you hear about Citizen Corps and/or Medical Reserve Corps volunteering?*

2. *What volunteer work have you previously done or, where are you currently volunteering?*

3. *What training, certification, or licensure do you currently hold in good standing? (ie: RN, LPN, Physician, EMT, Vet, Mental Health, etc.)*

4. *Are you willing to respond*
 - A). *Only for emergencies*
 - B). *Only for non-emergencies*
 - C). *Any time the need arises*

5. *What skills do you have to offer when assisting public health in an*
 - A). *Emergency:*

 - B). *Non-Emergency:*

6. Are you willing to give presentations? Yes ___ No ___
What topics?

7. Are you interested in a leadership role?

Name: _____
Address: _____
Phone: _____
E-Mail: _____

(e-mail is the best way to communicate. Please share an e-mail address if you have one).

Comments:

Please return this form to: Trumbull County Health Department
c/o MRC Coordinator
176 Chestnut Ave. NE
Warren, Oh. 44483

