

**EMERGENCY PREPAREDNESS
VOLUNTEER FORM**

Return Forms to:
Phyllis Goodman (Phyllis.Goodman@state.tn.us)
Anderson County Health Department
710 North Main Street
Clinton, TN 37716
(865) 425-8800, Fax (865) 457-4252

Date: _____

Contact Information:

Last Name: _____

First Name: _____

Middle Name: _____

Address: _____

City: _____ County: _____

State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Fax Number: _____

Alternate Contact: _____

E-mail Address: _____

Persons in Household: _____

Profession: _____

Type of Professional License: _____

Clinic Site: _____

Job Assigned: _____

Preferred Shift: 7:00 a.m. – 3:00 p.m. 3:00 p.m. – 11:00 p.m.

Willing to serve anywhere
in the state that a disaster
may occur: Yes No

Are you fluent in any
Language other than
English*: Yes No

If yes, what language: _____