



Lafayette County Health Department

Primary Accreditation · September 2006 – September 2009

547 South 13 Highway · Lexington, Missouri 64067-1437

(660) 259-4371 · Fax (660) 259-6250

Web page: www.lafayettecountyhealth.org

Volunteer Application

A BACKGROUND CHECK WILL BE CONDUCTED FOR EACH APPLICANT.

Mr. _____

Date: ____/____/____

Mrs. ___ Miss ___ Ms ___ Rev ___ Dr ___

Month Day Year

(Last Name)

(First Name)

(Middle Initial)

(Spouse's Name)

Preferred mailing address: Home ___ Business ___

Home Address: _____
(Include Number, Street, City, State, Zip Code)

Business Address: _____
(Include Number, Street, City, State, Zip Code)

Home Phone: _____ Cell Phone: _____

Office Phone: _____ Social Security Number: _____

Licensed to practice what profession: _____ Do you need to limit you physical activity in any way?
Yes ___ No ___

Are you currently practicing: Yes ___ No ___ If yes, what are your limitations? _____

If you are able to speak fluently, read or write a language other than English, please list below:

Speak fluently: _____ Read: _____ Write: _____

Speak fluently: _____ Read: _____ Write: _____

Please give the name of any person(s) who should be notified in the event of an emergency:

Name: _____ Relationship: _____

Address: _____ Phone Number: _____

Name: _____ Relationship: _____

Address: _____ Phone Number: _____

Would you be willing to assist the Lafayette County Health Department in time of disaster or other health –related emergencies within Lafayette County?

Yes _____ No _____