

Howard County Health Department

Volunteer Registration Serv-IN Release

What is Indiana's SERV-IN?

SERV-IN is an acronym for State Emergency Registry of Volunteers for Indiana which is an electronic registration system and database of local, regional and statewide volunteer programs who want to assist our public health and healthcare systems during an event or disaster. All Howard County Health Department Volunteers are registered in SERV-IN.

Why was SERV-IN created?

In the time of an event or disaster, volunteers are critical to saving lives and an efficient system for volunteers to register and be located when needed is just as critical. In fact there is a federal initiative requiring every state to implement a registration system for volunteers. Indiana elected to adopt a model called SERV-IN. SERV-IN is comprised of local volunteer coordinators who mobilize medical and non-medical volunteers to respond to emergencies within the community, or if the volunteer is interested, within the state. SERV-IN was created to assist in that process.

How do I join SERV-IN?

Whether you work in a health field or not, active or retired, if you have an interest in assisting your community or state during a health crisis, we invite you to join SERV-IN.

I hereby consent to Howard County Health Department (HCHD) registering my contact and professional information into SERV-IN for the purpose of contacting me during a public health emergency event or drill. I understand that SERV-IN conducts drills routinely that will request me to login into the database. I understand that I may login into the database at any point to update my contact information or other fields. I understand that if I do not provide a phone number or email address, I will not be able to be added to the database, and only a paper form will be kept on record with the HCHD.

Print Name: _____

Signature: _____ Date: _____

*Cell phone #: _____ *Texting: Y N *If yes, cell phone carrier: _____

*Email: _____

*required information for SERV-IN registration

Howard County Health Department

Volunteer Registration Serv-IN Login Information

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LOGIN Information

Website: <https://www.serv-in.org/>

My User Name: Firstname.Lastname

My Password: HCHD1234

You may change your password at any time once Howard County Health Department has you registered.

Please Print Legibly

Mr. Mrs. Ms. Dr. Other

Last Name _____ First Name _____ M.I. _____

Home Address _____ City _____ County _____

State _____ Zip Code +4 _____ - _____ Home Phone (____) _____ E-mail _____

Emergency Data

In case of emergency notify: Name _____ Relationship _____

Phone (____) _____ Alternate Phone (____) _____

Work Experience

List present or immediate past employer:

Employer _____ Job Title _____ Work Phone (____) _____

Address _____ E-mail _____

City _____ State _____ Zip Code +4 _____ - _____ May we contact you at work? Yes No

Licenses

Driver's License # _____ State _____ Expiration Date ____/____/____

Other (please include nurse's, EMT, and/or professional licenses)
Type / # _____ State _____ Expiration Date ____/____/____

Type / # _____ State _____ Expiration Date ____/____/____

Education

Name of School _____ Major _____ Last grade level / Degree received _____

High School

College

Bus. / Voc.

Volunteer Experience

List any current or past community service involvement

Organization _____ Phone (____) _____ Job Title _____

Name of supervisor _____ Reason for leaving _____

Have you ever volunteered with Red Cross before? Yes No Where/When _____

Have you ever been an instructor in another Chapter? Yes No If yes, where? _____

Have you ever had your instructor authorization withdrawn? Yes No If yes, please explain: _____

Personal References

List two persons, other than family, who know your qualifications. These references may be checked.

Name

Address

Phone (____)

Name

Address

Phone (____)

Background Information

Are you the subject of any investigation or disciplinary proceeding before any local, state or federal agency? Yes No

Have you been convicted of a misdemeanor within the last 24 months? Yes No

Have you ever been convicted of a felony? Yes No

If you answered yes to any of the above questions, please explain

Statistical Data

Volunteers are considered for all positions without regard to race, color, religion, gender, national origin, age, marital or veteran status, medical condition or disabilities. The following information is used only to develop a complete record of our programs. Completion is optional, although it is very useful to the organization.

Sex: Male Female Date of birth ___ / ___ / ___

Ethnicity: African American White Hispanic Native American Asian/Pacific Isl. Other

Do you require any accommodations due to a physical/mental condition that might affect your ability to perform volunteer work that interests you? Yes No

If yes, please explain

Must you limit your activity in any way? Yes No If yes, please explain

Skills / Interests

Check any skills you have:

- | | | | |
|---|---|--|---------------------------------|
| <input type="checkbox"/> Accounting | <input type="checkbox"/> Computer | <input type="checkbox"/> Mental Health | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Casework | <input type="checkbox"/> Word Processing | <input type="checkbox"/> Nursing | |
| <input type="checkbox"/> Clerical | <input type="checkbox"/> Data Entry | <input type="checkbox"/> Public Speaking | |
| <input type="checkbox"/> Answering phones | <input type="checkbox"/> Information Services | <input type="checkbox"/> Sewing/Knitting | |
| <input type="checkbox"/> Copying | Management | <input type="checkbox"/> Special events planning | |
| <input type="checkbox"/> Filing | <input type="checkbox"/> Fund Raising | <input type="checkbox"/> Marketing/Public Relation | |
| <input type="checkbox"/> Teaching | <input type="checkbox"/> Grant Writing | <input type="checkbox"/> Warehouse/Distribution | |

Do you know another language?

Chinese Filipino French Sign Spanish Vietnamese Other

Read, write & speak the language fluently Read Only Speak Only

As a volunteer, would you like to:

- | | |
|---|--|
| <input type="checkbox"/> Work with youth programs | <input type="checkbox"/> Provide First Aid at community events |
| <input type="checkbox"/> Drive patients to medical appointments | <input type="checkbox"/> Provide leadership on a committee |
| <input type="checkbox"/> Provide clerical support | <input type="checkbox"/> Assist with special projects |
| <input type="checkbox"/> Make presentations on behalf of Red Cross | <input type="checkbox"/> Help military servicemen, veterans & their families |
| <input type="checkbox"/> Respond to local and/or national disasters | <input type="checkbox"/> Sew, knit or crochet baby items |
| <input type="checkbox"/> Teach Red Cross courses | <input type="checkbox"/> Other |

Availability

Please note when you are available to volunteer:

Day(s): Sun Mon Tues Wed Thurs Fri Sat Time(s): Morning Afternoon Evening

Duration: Short Term Long Term On Going Other: