



ROCKLAND COUNTY DEPARTMENT OF HEALTH
ROBERT L. YEAGER HEALTH CENTER
50 Sanatorium Road - Building D
Pomona, NY 10970

ATTN: Division of Emergency Preparedness

RE: VOLUNTEER APPLICATION FORM

Volunteer's Full Name: _____

Volunteer's Phone Number: _____

Volunteer's Town of Residence: _____

Volunteer's Spoken Languages: _____

Volunteer's Computer Skills: _____

Licenses & certifications, if any: _____

(e.g. driver, professional license
or certification) Pls. provide
license or certification number

Signature: _____

Please fax this form to: (845) 364-3658 or email to: delizoj@co.rockland.ny.us