PHA COVID-19 Public Health Volunteer Request Form
Email form when completed to:
MDHHS-COVIDPublicHealthVolunteers

Requesting Local Health Department	
LHD Contact Name	
LHD Contact Email	LHD Contact Phone Number

LHD Contact Need:

☐ Data Entry ☐ Contact Tracing ☐ Case Investigation ☐ Create Educational Materials

☐ Communications ☐ Social Services ☐ Laboratory ☐ Other (specify below)

Assigned Volunteer(s) (to be filled out by Volunterr Coordinator only):

Name	Phone	Email	City/County	Professional Background	Highest Level of Education Completed	Cell Phone Access Y/N	Computer Access Y/N	Approx. Availability per week

Information from MDSS regarding volunteer(s) (to be filled out by Volunteer Coordinator only):

Name of Volunteer	Will you come to the LHD to pick up materials?	Will you come into the LHD if needed?	Are you comfortable using your personal cell to make calls to clients/cases?