



Milford Regional Medical Center Employee Health/ **VOLUNTEER Information**
School Year **VOLUNTEER 2019-2020**

Volunteers must be cleared by Employee Health prior to beginning volunteer service.

Please return this completed form *and* include

- **Documentation of immunizations from your Health Care Provider including: Measles, Mumps, Rubella (MMR), Varicella (Chicken Pox), Tuberculosis (TB), Hepatitis B.**
Blood work may be obtained if you do not have documentation or history of chicken pox, Hepatitis B or MMR.

VOLUNTEER POSITION: **Teen Volunteer**

PLEASE PRINT:

NAME:

_____ LAST

_____ FIRST

_____ MIDDLE INITIAL

STREET ADDRESS:

CITY: _____ STATE: _____ ZIP CODE: _____

HOME PHONE: _____ DATE OF BIRTH: _____

PERSON TO NOTIFY IN CASE OF EMERGENCY:

NAME: _____ RELATIONSHIP: _____

ADDRESS:

PHONE #: _____

PRIMARY CARE PHYSICIAN: _____ PHONE #: _____