WORLD HEPATITIS DAY

VOLUNTEER APPLICATION

Baton Rouge: Saturday, July 19th
New Orleans: Saturday, July 26th

Please return to Dielda Robertson by email at dielda.robertson@la.gov or by fax at 504.568.8290.

PERSONAL INFORMATION

NAME _____

ADDRESS _____

_____

PHONE _____ EMAIL _____

EMERGENCY CONTACT _____ PHONE _____ RELATION _____

VOLUNTEER INFORMATION

SKILLS: _____

TRAININGS /CERTIFICATIONS/LICENSES: _____

WORK AVAILABILITY: ☐ Baton Rouge _____ ☐ New Orleans _____

OFFICE USE ONLY

DATE RECEIVED: _____ **SUPERVISOR:** _____

LOCATION: ☐ Registration ☐ T-Shirts ☐ Care Van ☐ Games _____ ☐ Booth _____

TRAINING: ☐ HIPAA ☐ Non- Disclosure ☐ HIV Rapid Test ☐ HCV Rapid Test
☐ Diabetes Risk Assessment ☐ Blood Sugar ☐ Blood Pressure ☐ BMI

License / Certificate number: _____ Expires: _____

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NOTES: _____

_____

NO AIDS TASK FORCE
A PARTNERSHIP FOR LIFE

INFECTIOUS DISEASE EPIDEMIOLOGY SECTION
LOUISIANA HEPATITIS PROGRAM

HAART
HIV/AIDS Alliance for Region Two, Inc.

AVITA Pharmacy