



JOHNSON COUNTY EMERGENCY VOLUNTEER APPLICATION  
FOR SMALL POX VACCINATORS

Name: \_\_\_\_\_ Gender: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Address City/Town

Phone: ( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
Home # Work # Mobile #

E-Mail: (Home) \_\_\_\_\_ E-Mail: (Work) \_\_\_\_\_

Occupation: \_\_\_\_\_

Type of License

MD: RN: \_\_\_\_\_ LVN: \_\_\_\_\_ EMT: \_\_\_\_\_ Pharmacist: \_\_\_\_\_

Psychologist: \_\_\_\_\_ Psychiatrist: \_\_\_\_\_ Social Worker: \_\_\_\_\_

Paramedic: \_\_\_\_\_

Physician Assistant: \_\_\_\_\_ Other: \_\_\_\_\_

Expiration Date of License: \_\_\_\_\_

Volunteering for:

Vaccinator _____	Security _____
Clerical _____	Greeters _____
Computer _____	Shipping _____
Doctor's _____	Safety Officers _____
Volunteers _____	Medical Personal _____
Adm/Fiance _____	

Will you be willing to take the small pox vaccine?