**New Volunteer Vaccination Clinic Questionnaire**

Please answer the below questions fully. Positions may develop or change at any time. We aim to utilize skills, experience, and motivations to match people to an ideal position.

**First and Last Name**: Click or tap here to enter text. **Date**: Click or tap to enter a date.

**Describe yourself and your background.** Click or tap here to enter text.

**Why do you want to volunteer?**Click or tap here to enter text.

**Describe your experience working with other people or your ability to work in stressful situations.** Click or tap here to enter text.

**What types of work might you be interested in doing**? **Select all that apply.**

[ ]  Triage/ Health Screener (Screen for active COVID symptoms)

[ ]  Greeter (determine if preregistered. Direct to registration or screening)

[ ]  Registration Assistance (Help with online registration or paper forms dependent on current

situation)

[ ]  Patient Education (Answer questions about vaccine/ COVID)

[ ]  Runner (bring volunteers and staff resources as needed; seek assistance for staff)

[ ]  Interpreter (Provide medical interpretation)

[ ]  Staff Check In (Check in staff, ensure name tags/ credentials. Direct to supervisor for Just in Time

Training)

[ ]  Traffic Control (help direct people where to go, both inside and outside)

[ ]  Infection Control (Ensure social distancing, mask-wearing, hand washing, and sanitize surfaces

hourly)

[ ]  Canteen (ensure single serve food and drink items are stocked for full day staff and volunteers)

[ ]  Anywhere/ Greatest Need

**What is your availability? Check all that apply.**

 Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Afternoon [ ]  [ ]  [ ]  [ ]  [ ]  [ ]  [ ]

Evening [ ]  [ ]  [ ]  [ ]  [ ]  [ ]  [ ]

**How frequently are you able/ would you like to volunteer?**

 [ ]  Once a week

 [ ]  2 – 3 times a week

 [ ]  4 or more times a week

 [ ]  Less than once a week

**How long might you be able to assist?**

[ ]  1-3 months

[ ]  4-6 months

[ ]  As long as needed

**Do you have a current medical license that allows you to administer vaccinations in Wisconsin? If yes, which one?**

[ ]  No

[ ]  Yes

License Title and Number: Click or tap here to enter text.

**If you are able to administer vaccinations, please describe any experience you have had:**

Click or tap here to enter text.

**Are you fluent in any other languages and if so, which languages?** Click or tap here to enter text.