**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.