



TOWN OF NORTHBRIDGE  
**BOARD OF HEALTH**

7 Main Street  
Whitinsville, MA 01588  
Phone# (508) 234-3272 Fax# (508) 234-0821

## Emergency Dispensing Site (EDS) Volunteer Enrollment Form

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

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

Please note if you are currently retired/unemployed: \_\_\_\_\_

Have you already registered as a volunteer with any other emergency preparedness agency? \_\_\_\_\_

Are you certified in the administration of smallpox vaccine? \_\_\_\_\_

To help alleviate concerns of volunteer staff, your family members will be given priority in receiving any vaccine/medication – please provide the number of family members residing in your household: \_\_\_\_\_

A daycare facility will be established within the emergency dispensing site for our volunteers – would you require these services? \_\_\_\_\_

Please note if you would be interested in serving on a committee to review the Emergency Dispensing Site Plan and its operation for the Town of Northbridge:

\_\_\_\_\_

The Northbridge Board of Health understands that although you have completed this enrollment form, in the event of an actual public health emergency, work and/or family priorities may prevent you from actually participating as a volunteer in an emergency dispensing site operation.