

MIPOD VOLUNTEER REGISTRATION

Name (print clearly): _____ Date: _____

Street Address: _____ City: _____ Zip: _____

Best Contact Phone: _____ Alternate Contact Phone: _____

Mobile Phone type (ie. iPhone, etc): _____ Phone Carrier (ie. Verizon, etc): _____

E-mail: _____

WILLING & ABLE TO WORK OUTSIDE (IN ALL TYPES OF WEATHER) YES NO (circle one)

ABLE TO STAND/WALK FOR 2+ HOURS (IN ALL TYPES OF WEATHER) YES NO (circle one)

CURRENT PROFESSIONAL LICENSE or CERTIFICATIONS:

(IE. MD, RN, LPN, PARAMEDIC, ETC): YES NO (circle one)

PLEASE LIST ALL THAT APPLY

CAN ASSIST WITH LANGUAGE BARRIER (IE. SIGNERS, FOREIGN LANGUAGE)

IF SO, HOW _____

Mail, Fax or E-mail to:

**Mayfield Village Fire Dept.
Attention: POD REGISTRATION
770 SOM Center Road
Mayfield Village, Oh 44143
Fax: 440-449-0822
tricomcommunitypod@gmail.com**

Contact: Cheryl Garinger or Mike Girbino at the Mayfield Village Fire Department – (440)471-1045 –

Please leave a voicemail message and we will return your call.

(PLEASE NOTE: THE PHONE NUMBER IS OUR DIRECT LINE AND NOT THE DEPARTMENT NUMBER)

T-Shirt Size

(circle one)

Small

Med

Large

XL

XXL

XXXL