**COVID Clinic Volunteer Form**

|  |  |
| --- | --- |
| **Name** |  |
| **DOB** |  |
| **Phone** |  |
| **Address** |  |
| **Clinic Date** |  |
| **Arrival Time** |  |
| **Departure Time** |  |
| **Role** | ⃞ Runner  ⃞ Door Greeter  ⃞ Check In  ⃞ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Confidentiality Agreement Signed** | ⃞ Yes |
| **ID Verified & On File** | ⃞ Yes |
| **Participant Signature** |  |
| **Village Apothecary Signature** |  |