



# Louisiana Volunteers in Action (LAVA) Emergency Volunteer Registry Site



## Introduction

The Louisiana Volunteers in Action (LAVA) Site is a database of contact- and practice-related data from health care professionals who may be interested in volunteering to assist in a public health response to an act of terrorism or other public health emergency. It is coordinated with Louisiana's Department of Health and Hospitals and Medical Reserve Corps (MRC) volunteer programs. By adding your name and information to the Registry, you are indicating your willingness to volunteer your time and professional skill in an emergency in your Region and/or possibly beyond your Region. Registering places you under no legal obligation to volunteer. More information is available at: <https://www.lava.dhh.louisiana.gov>.

**\* THIS SYMBOL INDICATES THAT THE INFORMATION IS REQUIRED.**

### Section 1: First tell us some information about yourself....

#### 1. Personal information:

\*First name: \_\_\_\_\_ Middle name: \_\_\_\_\_ \*Last name: \_\_\_\_\_

\*Gender:  M  F      Date of birth (mm/dd/yyyy): \_\_\_\_\_      \*Parish/county you live in: \_\_\_\_\_

\*Home address: \_\_\_\_\_ \*City: \_\_\_\_\_ \*Zip Code: \_\_\_\_\_

Drivers License/State ID# : \_\_\_\_\_ License State: \_\_\_\_\_

Primary email address: \_\_\_\_\_ Alternate email address: \_\_\_\_\_ Wireless email address: \_\_\_\_\_

#### 2. What is the best way to contact you in the event of an emergency?

\* 2a. Primary contact:     Phone     Fax     Cell Phone     Pager    \* Please list the number: \_\_\_\_\_

2b. Secondary contact:     Phone     Fax     Cell Phone     Pager    Please list the number: \_\_\_\_\_

**3. Do you have any military service obligations in the event of an emergency?**       Yes     No

If yes, please explain what they are:

**4. Do you have any other commitments that might pose a conflict in the event of an emergency? If yes, please identify them below:**       Yes     No

American Red Cross     Hospital/clinic (name) : \_\_\_\_\_     First Responder     Other: \_\_\_\_\_

#### \* 5. How many days are you willing to be deployed?

up to 3       up to 7       up to 10       up to 14       up to 28       more than 28

\* 6. In the event of a declared national emergency, would you consider volunteering to work under the authority of the Federal Government?       Yes     No

#### 7. In which parish/county or parishes/counties do you work?

Please list:

\*\*\*\*EMERGENCY CONTACT INFO:\*\*\*\*

NAME:

PHONE #:

RELATIONSHIP:

Signature

Date