

Contact Information:

Name: _____

Address: _____

Phone Number: (____) - ____ - _____

Email Address: _____

Check one: RN___ LPN___ License # _____

1. Are you currently a licensed practical nurse or a licensed registered nurse in North Carolina?

Yes___ No___

2. Are you currently working?

Yes___ No___

3. Would you be willing to receive a vaccine available for the particular emergency?

Yes___ No___

4. If vaccinated, would you be willing to assist with vaccinations?

Yes___ No___

5. If not, would you be willing to assist in some other capacity during voluntary mass vaccination clinics?

Yes___ No___