

LAGRANGE COUNTY HEALTH DEPARTMENT  
114 W MICHIGAN STREET  
LAGRANGE, INDIANA 46761  
(260) 499-6377

## VOLUNTEER APPLICATION

### Personal Information

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

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

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

Employment Information (title, place of employment) \_\_\_\_\_

Describe any Restrictions on Your Activities (physical, medical) \_\_\_\_\_

*The information you provide will be secured within the LaGrange County Health Department and will not be shared with any other government or non-government agency without your expressed approval. This information will be utilized to provide volunteer staffing for a Health Department response to a county emergency or disaster.*

DATE: \_\_\_\_\_

PLEASE RETURN YOUR COMPLETED  
VOLUNTEER FORM TO:

LAGRANGE COUNTY HEALTH DEPT.  
114 W. MICHIGAN STREET  
LAGRANGE, INDIANA 46761  
ATTENTION: BILL FELDHEISER  
e-mail: [bfeldheiser@lagrangecounty.org](mailto:bfeldheiser@lagrangecounty.org)  
fax: (260) 463-7835