



County of Los Angeles – Department of Public Health
Public Health Emergency Volunteer (PHEV) Network
Registration Form

Name of Organization/Unit	
Sponsoring Agency	
Website	
Total # of Volunteers	

PRIMARY (UNIT COORDINATOR) CONTACT INFORMATION

Name			
Address			
City		Zip Code	
Phone		Fax	
Email			

SECONDARY (UNIT COORDINATOR) CONTACT INFORMATION – IF ANY

Name			
Phone		Fax	
Email			

AGREEMENT

By signing this registration form, I understand and agree to the following:

1. I have been designated by my community volunteer unit as the unit coordinator and/or designated primary/secondary point-of-contact.
2. The community volunteer unit that I represent is interested and willing to assist during public health emergencies with the Department of Public Health.
3. The information provided on this form will be maintained on a database by the Department of Public Health and utilized to disseminate information on trainings, public health emergencies, and to coordinate deployment during public health emergencies.
4. To update PHEV Network Coordinator with any changes to unit contact information.

SIGNATURE (PRIMARY)

DATE

SIGNATURE (SECONDARY)

DATE