



# MACOMB COUNTY HEALTH DEPARTMENT

## EMERGENCY PREPAREDNESS VOLUNTEER PROGRAM

**Mail or Fax to:**  
**Macomb County Health  
Department**  
**Attn: Jennifer Messana, EPS**  
**43525 Elizabeth Road**  
**Mt. Clemens, MI 48043**  
**FAX: 586-307-8259**

**I am interested in becoming a Macomb County  
Emergency Preparedness Volunteer!  
Please send me information and an application.**

Email: \_\_\_\_\_

Print Full Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Telephone/Land Line: \_\_\_\_\_

What is your medical profession? *(currently or retired)*

\_\_\_\_\_

What is your non-medical profession? *(currently or retired)*

\_\_\_\_\_

Have you been involved in emergency preparedness or response in the past? If yes, in what capacity? (Briefly)

Are you able to respond when needed to assist county emergency services? Yes \_\_\_ No \_\_\_

**Thank you for your interest in the  
Emergency Preparedness Volunteer Program!**

**Macomb County Health Department**  
Emergency Preparedness Program  
Jennifer Messana, EPS, Volunteer Coordinator  
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