

# MIPOD

## VOLUNTEER REGISTRATION

Name (print clearly): \_\_\_\_\_ Date: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Best Contact Phone: \_\_\_\_\_ Alternate Contact Phone: \_\_\_\_\_

Mobile Phone type (ie. iPhone, etc): \_\_\_\_\_ Phone Carrier (ie. Verizon, etc): \_\_\_\_\_

E-mail: \_\_\_\_\_

**WILLING & ABLE TO WORK OUTSIDE (IN ALL TYPES OF WEATHER) YES NO (circle one)**

**ABLE TO STAND/WALK FOR 2+ HOURS (IN ALL TYPES OF WEATHER) YES NO (circle one)**

**CURRENT PROFESSIONAL LICENSE or CERTIFICATIONS:**

(IE. MD, RN, LPN, PARAMEDIC, ETC): YES NO (circle one)

**PLEASE LIST ALL THAT APPLY**

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**CAN ASSIST WITH LANGUAGE BARRIER (IE. SIGNERS, FOREIGN LANGUAGE)**

**IF SO, HOW** \_\_\_\_\_

**Mail, Fax or E-mail to:**

**Mayfield Village Fire Dept.  
Attention: POD REGISTRATION  
770 SOM Center Road  
Mayfield Village, Oh 44143  
Fax: 440-449-0822  
tricomcommunitypod@gmail.com**

**Contact: Cheryl Garinger or Mike Girbino at the Mayfield Village Fire Department – (440)471-1045 –**

*Please leave a voicemail message and we will return your call.*

**(PLEASE NOTE: THE PHONE NUMBER IS OUR DIRECT LINE AND NOT THE DEPARTMENT NUMBER)**

**T-Shirt Size**

**(circle one)**

**Small**

**Med**

**Large**

**XL**

**XXL**

**XXXL**