County of San Bernardino Department of Public Health
351 N. Mt. View Ave., San Bernardino, CA 92415-0010

Volunteer In Preparedness (VIP) Registration Form

☐ **Yes**, my agency wants to be a **VIP** community partner with the Department of Public Health.

Please fill in the contact information below:

Agency Type: (mark or write in other)

☐ Community-based organization ☐ Faith-based, church, religious ☐ Other:_____

☐ Business ☐ School

Agency Name: _____

Contact Name: _____

Contact Title: _____

Contact E-mail: _____

Phone #: _____ **Fax #:** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

How do you want us to contact you? (mark preferred means of contacting your agency)

☐ E-mail ☐ Phone ☐ Fax ☐ Mail

Number of people my agency serves: _____

Geographic area my agency serves: _____

Population Served: (mark all that apply and/or write in other)

☐ Economically Disadvantaged ☐ Non-English Speaking ☐ Language:_____

☐ Elderly/Seniors ☐ Rural/Isolated Population ☐ Youth/Children

☐ Disabled/Handicapped ☐ Homeless ☐ Other:_____

☐ Hearing or Visually Impaired

Do you have member organizations? _____

Fill in the form, and press the Submit button or print and mail or fax it to: Preparedness and Response Program, (909) 387-0102.

Submit by Email