

Your Logo Here

Vaccine Buddies / Request for support

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

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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

Date of Birth: \_\_\_\_\_ ( ) Sex: \_\_\_\_\_ Veteran: No / Yes, branch \_\_\_\_\_

Eligible occupation (including "retired"), \_\_\_\_\_

Primary Language: English \_\_\_\_\_ Spanish \_\_\_\_\_ Other \_\_\_\_\_ Are you fluent in English? Y \_\_\_\_\_ N \_\_\_\_\_

Emergency Contact: Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Do you have transportation? \_\_\_\_\_. If no, can we refer you to Interfaith Volunteer Caregivers and see if they can offer you transportation for the vaccine? \_\_\_\_\_ if no, why not \_\_\_\_\_

How did you hear about Vaccine Buddies? \_\_\_\_\_

Comments/Requests: \_\_\_\_\_

Date Request received: \_\_\_\_\_ Date assigned: \_\_\_\_\_ Volunteer: \_\_\_\_\_

Date of 1<sup>st</sup> appointment: \_\_\_\_\_ Time: \_\_\_\_\_ am/pm. Type of vaccine: \_\_\_\_\_

Location of appt.: \_\_\_\_\_

Date of 2<sup>nd</sup> appointment: \_\_\_\_\_ Time: \_\_\_\_\_ am/pm.

Vaccine Buddies™ was developed by IVCG New Haven, CT

