

AVON  
**39 THE WALK TO END  
BREAST CANCER**

**2015 SANTA BARBARA  
MEDICAL VOLUNTEER FORM**

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**Name:**

**Title:**  
RN, MD, EMT, etc.

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**Email:** This will be primary way of contact.

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**Home phone:**

**Cell phone:**

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**Mailing address:**

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**Medical Facility**

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**Name and address of your work supervisor** (to notify employer of your contribution to The AVON 39)

Please select which day/shift would be most convenient for you to join us

**Friday, September 11<sup>th</sup>**  
Fess Parker DoubleTree  
Santa Barbara

2:00 PM - 8:30 PM\*

\*Conducts Participant  
Medical Form Review

**Saturday, September 12<sup>th</sup>**  
Santa Barbara Polo &  
Racquet Club

2:00 PM - 10:00 PM

**Sunday, September 13<sup>th</sup>**  
Santa Barbara Polo &  
Racquet Club

6:00 AM - 9:00 AM

Carpinteria State Beach

10:00 AM - 3:00 PM

**MEDICAL SKILLS SET**

**Please check all of the medical procedures you perform regularly**

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Endotracheal intubation | <input type="checkbox"/> Giving oral medications                               | <input type="checkbox"/> Assessing musculoskeletal injuries |
| <input type="checkbox"/> Starting IV             | <input type="checkbox"/> Suturing lacerations                                  | <input type="checkbox"/> Treating blisters                  |
| <input type="checkbox"/> Giving IV medications   | <input type="checkbox"/> Taking vital signs (BP and pulse)                     | <input type="checkbox"/> Athletic taping                    |
| <input type="checkbox"/> Giving IV fluids        | <input type="checkbox"/> Checking blood sugar                                  | <input type="checkbox"/> Other (please list)                |
| <input type="checkbox"/> Administering nebulizer | <input type="checkbox"/> Administrative skills only (non-medical, please list) |   |

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Special needs/requests:

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Are you currently covered under malpractice insurance through your employer?

**Kindly return to:**

Joe Polizzi, Crew & Volunteer Coordinator

Fax: 323.931.3028 | Email: [joe.polizzi@AVON39.org](mailto:joe.polizzi@AVON39.org) | Phone: 424.258.0533

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