

Town of Sweden
Village of Brockport
Town of Clarkson

POD Application

Name: _____
Address: _____
Home #: _____
Cell #: _____
E-Mail: _____

I am interested in Volunteering as:

- Greeter
- Registration
- Security
- Medical
- Education
- Other : _____

I would like more information.

Please return to:

Sweden Town Hall
18 Street

Brockport, New York 14420

TOWN OF SWEDEN
VILLAGE OF BROCKPORT
TOWN OF CLARKSON

Point of Dispensing (POD) Emergency Medical Dispensing and Vaccination Preparedness

In cooperation with:
Monroe County Department of Public Health
Civil Preparedness Initiative



TOWN OF SWEDEN
VILLAGE OF BROCKPORT
TOWN OF CLARKSON

Sweden Town Hall
18 State Street
Brockport, New York 14420

Phone: 585-637-2144
Fax: 585-637-7389
E-mail: karens@townofsweden.org

