va.gov/coronavirus-research/volunteer

[h1] **Sign up for our coronavirus research volunteer list**

[intro copy]

Thank you for your interest in participating in coronavirus research at VA. Please answer the questions below, and we’ll add you to our volunteer list. If we think you may be eligible for one of our COVID-19 studies, we’ll contact you to tell you more about it so you can decide if you want to join. You don’t need to be a Veteran to volunteer.

**Note:** We won’t share your information with anyone outside of VA. To learn more before volunteering, read about [participating in coronavirus research at VA](http://preview-prod.vfs.va.gov/preview?nodeId=6785).

**This form will take you 3 to 5 minutes to complete.**

[h2] **Help us understand your health**

[questions]

**Have you ever been diagnosed with COVID-19?** (\*Required)

[radio button] Yes

[radio button] No

**In the past month, have you been in close contact with anyone who tested positive for COVID-19?** (\*Required)  
**Note:** We define close contact as being within 6 feet of a person.

[radio button] Yes

[radio button] No

[radio button] I don’t know

**In the past 6 months, have you had to stay overnight in a hospital for treatment, care, or testing?** (\*Required)

[radio button] Yes

[radio button] No

**Do you smoke or vape, or do you have a past history of smoking or vaping?** (\*Required)

[radio button] Yes

[radio button] No

**Do you have a history of any of the health issues listed below?** (Please check all that apply.) (\*Required)

[checkbox] Allergy to any vaccines

[checkbox] Autoimmune disease (like rheumatoid arthritis or lupus)

[checkbox] Cancer

[checkbox] Compromised immune system (including due to HIV/AIDS)

[checkbox] Diabetes (Type 1 or 2)

[checkbox] Heart disease

[checkbox] High blood pressure

[checkbox] Kidney or liver disease

[checkbox] Lung disease

[checkbox] Stroke

[checkbox] Another serious chronic (long-term) illness

[checkbox] None of the above

[h2] **Help us understand your COVID-19 exposure risk**

**Which work situation describes you?** (Please check all that apply.) (\*Required)

[checkbox] Employed (working from home)

[checkbox] Employed (working outside of the home)

[checkbox] Frontline health care provider

[checkbox] Furloughed or unemployed

[checkbox] Retired

[checkbox] Student

[checkbox] None of the above

**How do you get to work?** (Please check all that apply.) (\*Required)

[checkbox] Car

[checkbox] Carpool/vanpool

[checkbox] Frequent air travel

[checkbox] Public transportation (bus, train, subway)

[checkbox] Walk or bike

[checkbox] Work from home

[checkbox] None of the above

**How many people live in your home?** (\*Required)

[radio button] 1 to 2

[radio button] 3 to 5

[radio button] 6 to 10

[radio button] More than 10

**On most days, how many people do you have close contact with outside of those who live in your home?** (\*Required)

**Note:** We define close contact as being within 6 feet of a person.

[radio button] 0

[radio button] 1 to 10

[radio button] 11 to 30

[radio button] 31 to 50

[radio button] More than 50

**[h2] Your contact and personal information**

[fields]

First name (\*Required)

[text box]

Last name (\*Required)

[text box]

Email address (\*Required)

[text box]

Re-enter email address

Phone (\*Required)

[text box]

Zip code (\*Required)

[text box]

Date of birth (\*Required)

**Note:** You must be at least 18 years old to participate in research.

Month [dropdown] Day [dropdown] Year [dropdown]

Height

[text box or dropdown] ft. [text box or dropdown] in.

Weight

[text box] lbs.

**Current gender identity** (Please check all that apply.) (\*Required)

**Note:**We ask for this information to help make sure we include a diverse range of people in our research studies.

[checkbox]Female

[checkbox] Male

[checkbox] Transgender female

[checkbox] Transgender male

[checkbox] Gender variant/nonbinary (neither exclusively female nor male)

[checkbox] Prefer to self-identify

[checkbox] Prefer not to answer

**Race, ethnicity, and origin** (Please check all that apply.) (\*Required)

**Note:**We ask for this information to help make sure we include a diverse range of people in our research studies.

[checkbox] American Indian or Alaska Native

[checkbox] Asian

[checkbox] Black or African American

[checkbox] Hispanic, Latino, or Spanish origin

[checkbox] Native Hawaiian or other Pacific Islander

[checkbox] White

[checkbox] Another race or ethnicity

[checkbox] Prefer not to answer

[button] **Submit**

[confirmation message]

**[h1] Thank you for joining our COVID-19 research volunteer list**

We appreciate your commitment to helping others through this important research effort.

**[h2] If we think you may be eligible for one of our research studies**

We’ll contact you to tell you more about it so you can decide if you want to join.

Please understand that some studies have specific requirements. So it may be weeks or months before there’s a study that you may be eligible to join.

**Note:** We’ll never ask for an ID number or for your financial, credit, or bank account information over the phone. For tips on how to avoid coronavirus-related scams, visit the [Federal Trade Commission (FTC) website](https://www.ftc.gov/coronavirus/scams-consumer-advice).

**[h2] If we don’t think you may be eligible for any studies**

We won’t contact you. But we’ll keep your information on file for future studies you may be eligible to join.

[Learn more about participating in coronavirus research at VA](http://preview-prod.vfs.va.gov/preview?nodeId=6785)