[h1] **Volunteer for COVID-19 research**

[intro copy]

Thank you for your interest in volunteering for COVID-19 research. If you’re a U.S. Veteran, please answer the questions below and we’ll add you to our VA volunteer registry. If we think you may meet the criteria for a research study, we’ll contact you for a phone interview.

**Note:** We won’t share your information with anyone outside of VA. If you're not a Veteran, you can volunteer through the [COVID-19 Prevention Network](https://www.coronaviruspreventionnetwork.org/).

[questions]

**Have you ever been diagnosed with COVID-19?**

[radio button 1] Yes

[radio button 2] No

**Have you been hospitalized at any time in the past 6 months?**

[radio button 1] Yes

[radio button 2] No

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

[radio button 1] Yes

[radio button 2] No

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

[checkbox] Lung disease

[checkbox] Heart disease

[checkbox] High blood pressure

[checkbox] Stroke

[checkbox] Cancer

[checkbox] Diabetes (type 1 or 2)

[checkbox] Immunocompromised (including HIV/AIDS)

[checkbox] Allergy to any vaccines

[checkbox] Autoimmune disease

[checkbox] Kidney or liver disease

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

**Which work situation best describes you?** Please check all that apply.

[checkbox] Student

[checkbox] Retired

[checkbox] Frontline health care provider

[checkbox] Furloughed or unemployed

[checkbox] Employed (working from home)

[checkbox] Employed (working outside of the home)

**How do you get to work?** Please check all that apply.

[checkbox] Car

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

[checkbox] Walk or bike

[checkbox] Frequent air travel

[checkbox] Work from home

**How many people live in your home?**

[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?** We define close contact as being with 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 information**(all fields required)

[fields]

Last name

[text box]

First name

[text box]

Email address

[text box]

Phone number

[text box]

ZIP code

[text box]

Date of birth

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

Current gender identity (please check all that apply)

[checkbox]Female

[checkbox] Male

[checkbox]Transgender female

[checkbox]Transgender male

[checkbox] Gender variant/non-confirming (neither exclusively male or female)

[checkbox] Prefer to use a different identity

Race, ethnicity, and origin (please check all that apply)

[checkbox] American Indian or Alaska Native

[checkbox] Black or African American

[checkbox] Asian

[checkbox] Pacific Islander

[checkbox] Hispanic, Latino, or Spanish origin

[checkbox] White (origins in Europe, the Middle East, or North Africa)

[checkbox] Another race or ethnicity

[button] **Submit**

[confirmation message]

**[h1] Thank you for volunteering for COVID-19 research**

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

**[h2] If we think you may meet the criteria for a research study**

We’ll contact you for a phone interview. We may contact you soon, or we may contact you weeks or months in the future. This depends on available studies.

**Note:** We’ll never ask for an ID number or for your financial, credit, or bank account information over the phone.

**[h2] If we don’t think you meet the criteria for any studies**

We won’t contact you.

[link to landing page FAQs] Get answers to questions about COVID-19 research