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

[intro copy]

Thank you for your interest in volunteering for COVID-19 research at VA. Please answer the questions below and we’ll add you to our volunteer registry. If we think you may be eligible for a study, 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. If you want to learn more before volunteering, read our frequently asked questions about COVID-19 research at VA.

**This form will take you X to y minutes to complete.**

[optional h2] **Questions to help us understand your health**

[questions]

**Have you ever been tested for and diagnosed with COVID-19?**

[radio button 1] Yes

[radio button 2] No

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

[radio button 1] Yes

[radio button 2] No

[radio button 2] I don’t know

**In the past 6 months, have you been hospitalized at any time?**

[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] Allergy to any vaccines

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

[checkbox] Cancer

[checkbox] Diabetes (type 1 or 2)

[checkbox] Heart disease

[checkbox] High blood pressure

[checkbox] Immunocompromised (including HIV/AIDS)

[checkbox] Kidney or liver disease

[checkbox] Lung disease

[checkbox] Stroke

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

[optional h2] **Questions to help us understand your risk of exposure to the coronavirus**

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

[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.

[checkbox] Car

[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?**

[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 and personal 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

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

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

Height

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

Weight

[text box] lbs.

Current gender identity (please check all that apply)  
**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)   
**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 volunteering for COVID-19 research**

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

**[h2] If we think you may be eligible for a research study**

We’ll contact you to tell you more about it so you can decide if you’d like 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.

**[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.

[link to landing page] Learn more about COVID-19 research at VA