

COUNTY VOLUNTEER REGISTRATION FORM

NAME _____ BIRTH DATE ____/____/____
ADDRESS _____ CITY _____ STATE _____ ZIP _____
HOME PHONE _____ CELL PHONE _____ E-MAIL ADDRESS _____
OCCUPATION _____ EMPLOYER _____ PHONE NUMBER _____
EMERGENCY CONTACT _____ RELATIONSHIP _____ PHONE NUMBER _____
ARE YOU CURRENTLY AFFILIATED WITH A DISASTER RELIEF ORGANIZATION? YES _____ NO _____
IF YES, NAME OF ORGANIZATION _____
SPECIAL SKILLS AND/OR DISASTER TRAINING _____

PLEASE CHECK ALL SKILLS THAT APPLY

MEDICAL

___ DOCTOR SPECIALTY: _____
___ NURSE SPECIALTY: _____
___ EMERGENCY MEDICAL CERTIFICATION
___ MENTAL HEALTH COUNSELING
___ VETERINARIAN
___ VETERINARY TECHNICIAN
___ FIRST AID (CURRENT CARD YES/NO)
___ CPR (CURRENT CARD YES/NO)
___ SURVIVAL TRAINING AND TECHNIQUE

COMMUNICATIONS

___ CB OPERATOR
___ HAM RADIO OPERATOR
___ TELEPHONE RECEPTIONIST
___ PUBLIC RELATIONS
___ WEB PAGE DESIGN

LANGUAGE OTHER THEN ENGLISH

___ FRENCH
___ GERMAN
___ ITALIAN
___ SPANISH
___ OTHER _____

OFFICE SUPPORT

___ CLERICAL – FILING, COPYING
___ DATA ENTRY
___ SOFTWARE: _____

SERVICE

___ FOOD
___ ELDERLY
___ DISABLED

SERVICE (CONTINUED)

___ CHILD CARE
___ SPIRITUAL COUNSELING
___ SOCIAL WORK
___ SEARCH AND RESCUE
___ AUTO REPAIR/TOWING
___ TRAFFIC CONTROL
___ CRIME WATCH

___ ANIMAL RESCUE
___ ANIMAL CARE
___ EMERGENCY PLANNING
___ LAW ENFORCEMENT
___ EMERGENCY MANAGEMENT
___ FIRE FIGHTING

STRUCTURAL

___ DAMAGE ASSESSMENT
___ METAL CONSTRUCTION
___ WOOD CONSTRUCTION
___ BLOCK CONSTRUCTION
___ PLUMBING
___ ELECTRICAL
___ ROOFING
___ STRUCTUAL ENGINEERING

TRANSPORTATION

___ CAR
___ STATION WAGON/MINI VAN
___ ATV
___ OFF ROAD VEHICLE/4WD
___ OWN BOAT (CAPACITY : _____)
___ COMMERCIAL DRIVER
CLASS AND LICENSE #:

___ CAMPER/RV, CAPACITY AND TYPE

LABOR

___ LOADING AND SHIPPING
___ SORTING/PACKING
___ CLEAN-UP
___ DEBRIS CLEARANCE
___ OPERATE EQUIPMENT
___ EXPERIENCE IN SUPERVISING AND MANAGING OTHERS

EQUIPMENT

___ BACKHOE
___ CHAINSAW
___ GENERATOR
___ DOZER
___ OTHER:

OTHER SKILLS _____
- _____

