

Date: _____



Volunteer Application

First Name: _____ Middle Initial: _____ Last Name: _____

Gender: Male Female Date of Birth: ___/___/_____

Street Address: _____ City: _____ State: _____ Zip: _____

Day Phone: _____ Evening: _____ Cell: _____

E-Mail Address: _____ Best contact Time: _____

Volunteer Position

Check all those that apply

- Medical Reserve Corps Law Enforcement/ Security CERT PC-NET
- Public Education Administrative support Search and Rescue Mass care/sheltering
- Pet Care Volunteer/Donations Management Transportation Training Supply
- Response and Recovery activities Shelter Specific shelter? _____
- Other _____

Availability

How often can you serve: Weekly Monthly Quarterly Available Hours Per Week? _____

Would you like to just be contacted during an emergency? YES OR

During non-emergency events are you also willing to assist with:

- Drills and exercises Public Emergency Education Public Health Education
- Support local public service organizations Other: _____

Education/Work

High School: _____ Year Graduated: _____

College: _____ Degree: _____ Year Graduated: _____

Graduate Studies: _____ Degree: _____ Year Graduated: _____

Do you have a current CPR card? Yes No Expiration Date: _____

Do you have a current First Aid card? Yes No Expiration Date: _____

Current Employer: _____

Personal Health: Can Lift 20 lbs. Can Walk 1 Mile I Have Allergies

Other: _____

License Info.

Professional License: License #: _____ Jurisdiction: _____

Expiration Date: ____/____/____ Type: _____

Driver's License Number: _____ **CDL? Number** _____

Vehicles (Type/Capacity): #1 ____/____ #2 ____/____

Willing to Transport Others? Yes No

Other licenses not previously mentioned: _____

Additional Info

I Have Transportation: From Home Near Public Transit Other: _____

Emergency Contact Information (2):

Name: _____ Phone: _____ Relation: _____

Name: _____ Phone: _____ Relation: _____

Skills

Medical:

- Doctor
- Pharmacist
- Dentist
- Emergency Medical
- Mental Health Counseling
- Nurse
- Veterinarian
- Medical Tech
- Other: _____

Communications:

- CB/Ham Operator
- Hot Line Workers
- Own a cell phone
- Public Relations
- Public Speaker
- Grant writing
- Social media

Office Support:

- Clerical (filing/copying)
- Data Entry
- Phone Receptionist
- Other: _____
- Financial tracking

Labor:

- Experience Supervising
- Loading/Shipping
- Sorting/Packing
- Operate Equipment
- Set-Up/Clean-Up
- Inventory
- Other: _____

Law Enforcement:

- Crowd Control
- Security Guard
- Military Police
- Other: _____

Structural:

- Damage Assessment
- Electrical
- Metal Construction
- Plumbing
- Roofing
- Wood Construction
- Block Construction
- Other: _____

Service:

- Counseling
- Traffic Control
- Animal Care/Rescue
- Child Care
- Crime Watch
- Elderly/Disabled Asst.
- Food
- Runner
- Search & Rescue
- Case management
- Other: _____

Language:

- English
- Russian
- German
- Ukrainian
- Spanish
- Korean
- Cambodian
- Cantonese
- Chinese
- Vietnamese
- Japanese
- French
- Samoan
- Other: _____

Other:

List any other skills that you feel would be beneficial during an emergency:

Transportation:

- ATV
- Car
- Truck
- Commercial Driver
- Off Road Vehicle/ 4 WD
- No Car; use Public transit
- Other: _____

I certify that the information on this application is correct.

Signature of Applicant **Date**

Authorizing Signature **Date**

Staff Use Only:

- License Verification Completed on _____
- Background Check Completed on _____ Card # _____ Exp. _____
- Entered into Database on _____ by _____

Application Reviewed By: _____

