



[insert jurisdiction logo]

# DISASTER VOLUNTEER INTAKE AND REFERRAL FORM

[insert name of city or Op Area]

Name: First		Middle Initial		Last		Date	
Street Address			City		State	Zip	Occupation
Primary Phone		Cell Phone		Pager		E-mail Address	
List age if under 18* _____				Any Physical Limitations?			

\*Minors who wish to register to volunteer must be accompanied by parent

If you are with a group, please specify name of group \_\_\_\_\_

**Availability:** Please indicate when you are available. (Check all boxes that apply.)

	M	T	W	Thu	F	Sa	Su
Morning							
Afternoon							
Evening							

Length of Time available (e.g., 1 week, 1 month, open) \_\_\_\_\_

**Geographic Area:** Please indicate the geographic area(s) where you can volunteer. (Choose all that apply.)

- [insert geog. subdivision]
- 

**Skills:** Please indicate the skills you possess or tasks for which you are qualified (choose all that apply):

Disaster Skills	Office Skills	People Skills	Manual Skills
<input type="checkbox"/> CERT*	<input type="checkbox"/> Message Runner	<input type="checkbox"/> Language (specify below)	<input type="checkbox"/> Care & Shelter
<input type="checkbox"/> Safety Assessment	<input type="checkbox"/> Accounting	<input type="checkbox"/> Child Care	<input type="checkbox"/> Heavy Labor
<input type="checkbox"/> Medical: First Aid, MD, RN, EMT, NP (circle one)	<input type="checkbox"/> Answering Phones	<input type="checkbox"/> Animal Care	<input type="checkbox"/> Driver (list classes below)
<input type="checkbox"/> Shelter Assistant	<input type="checkbox"/> Data Entry	<input type="checkbox"/> Medical	<input type="checkbox"/> Carpentry
<input type="checkbox"/> Traffic/Crowd Control	<input type="checkbox"/> General Clerical	<input type="checkbox"/> Counselor	<input type="checkbox"/> Plumber
<input type="checkbox"/> Radio Communications	<input type="checkbox"/> Computer Systems	<input type="checkbox"/> Special Populations (seniors, disabled)	<input type="checkbox"/> Electrician
<input type="checkbox"/> HAM Radio License		<input type="checkbox"/> Interviewer/Customer Service	<input type="checkbox"/> Debris Removal
<input type="checkbox"/> Other (specify below)		<input type="checkbox"/> Legal	<input type="checkbox"/> Food Prep/Service

\*Community Emergency Response Team

**Please list licenses, special certifications, languages or other specifics on skills checked above:**

\_\_\_\_\_  
\_\_\_\_\_

**Special Equipment/Vehicles/Resources you can offer:**

\_\_\_\_\_  
\_\_\_\_\_

**Volunteer Signature** (if in person): \_\_\_\_\_

EVC Interviewer:	Location Referred to:	Contact Person:	Phone #:
Interviewer Comments:			Date Referred:
Data Entry Date:    /    /	by:		