EMERGENCY VOLUNTEER CENTER

DISASTER VOLUNTEER REQUEST FORM

[insert name of city or Op Area]

PLEASE PRINT Date _____

Requesting Organization _____ Contact Person _____

Phone: Day _____ Evening _____ Fax _____

Address _____ City _____ Zip _____

DSW Job Categories and Volunteer Position Titles (italics indicate DSW classification)
Please select one:

Animal Rescue, Care & Shelter
- □ Animal Care
- □ Animal Rescue

Communications
- □ Communications (HAM radio, cellular)
- □ Message Runners
- □ Interpreter (specify languages, including Sign)

_____

Community Emergency Response Team
- □ CERT Member

Finance & Administrative Staff
- □ Computer
- □ Data Entry
- □ Clerical Support
- □ Phones

Human Services
- □ Child Care
- □ Counseling
- □ Information & Referral
- □ Food Service
- □ Shelter Services
- □ Interviewer
- □ Special Populations (Seniors, disabled)

Laborer
- □ Clean-up
- □ Construction
- □ Heavy Equipment
- □ Sandbagging
- □ Donation Sorting/Packing/Loading

Law Enforcement
- □ Traffic Control Assistant
- □ Security

Logistics
- □ Driving

Medical & Environmental Health
- □ Health Care (circle preference: Doctor, RN, EMT or list specialty required)

Safety Assessment Inspector
- □ Safety Assessment

Other _____

Volunteer Position Description (describe tasks/duties):

_____

_____

Desired Skills/Qualifications (include language skills needed):

_____

_____

Physical Requirements of Position:

_____

_____

Job Site Location: _____

Is site handicapped accessible? □ Yes □ No

Work site contact _____ Work site phone _____

How should volunteer make contact (phone site, phone office, go to site, etc.)

_____

Special instructions, clothing, equipment or other necessities

_____

Number of volunteers needed _____ Minimum _____

Hours/Days Needed: _____

Expected Duration: _____

EVC Use Only: **Volunteer Opportunity Number**_____
Information taken by_____ **Data Entry Date**_____