



DISASTER RESPONSE VOLUNTEER INTAKE

PLEASE PRINT

Date \_\_\_\_\_

Name First \_\_\_\_\_ Last \_\_\_\_\_ Age (if under 18) \_\_\_\_\_

Phone: Day \_\_\_\_\_ Evening \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_

City/Zip \_\_\_\_\_

Occupation \_\_\_\_\_ Group \_\_\_\_\_ Number in Group \_\_\_\_\_

SKILLS (check appropriate categories and list any special skills for the category):

- Languages, including sign (specify level of fluency) \_\_\_\_\_
- Administration/Supervision \_\_\_\_\_
- Communications (ham radio, cellular) \_\_\_\_\_
- Computer \_\_\_\_\_
- Construction \_\_\_\_\_
- Counseling \_\_\_\_\_
- Heavy equipment operator \_\_\_\_\_
- Medical \_\_\_\_\_
- Other \_\_\_\_\_

WILLING TO DO:

- Animal care
- Animal rescue
- Child care
- Clean-up
- Damage assessment
- Data entry
- Driving
- Food service
- Health care
- Interpreting
- Other \_\_\_\_\_
- Office
- Phones
- Rescue
- Shelter services
- Special populations (seniors, disabled)

WHEN AVAILABLE:

	M	T	W	Th	F	Sa	Su
Morning							
Afternoon							
Evening							

Length of time available (1 week, 1 month, open)

\_\_\_\_\_

- Will work in:  Central county  South county  Anywhere in county
- North county  West county  Out of county (specify) \_\_\_\_\_

SPECIAL EQUIPMENT/RESOURCES OFFERED \_\_\_\_\_

REFERRED TO \_\_\_\_\_

\_\_\_\_\_

COMMENTS \_\_\_\_\_

\_\_\_\_\_

INTERVIEWER \_\_\_\_\_

DATA ENTRY DATE \_\_\_\_\_