



DISASTER RESPONSE VOLUNTEER REQUEST

PLEASE PRINT

Date _____ Time _____

Agency _____

Agency Contact _____

Phone: Day _____ Evening _____ FAX _____

Address _____

City/Zip _____

JOB TITLE _____

JOB DESCRIPTION _____

JOB CATEGORY:

- Interpreter** (specify languages, including sign) _____
- Animal care
- Animal rescue
- Child care
- Clean-up
- Computer
- Communications (ham radio, cellular)
- Construction
- Counseling
- Data entry
- Other _____
- Driving
- Food service
- Health care
- Heavy equipment
- Information & referral
- Office
- Phones
- Shelter services
- Special populations (seniors, disabled)

HOURS/DAYS NEEDED _____

EXPECTED DURATION _____

JOB 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 AGE _____

VOLUNTEER CENTER USE ONLY:

JOB NUMBER _____

INFORMATION TAKEN BY _____

DATA ENTRY DATE _____