

Disaster Response Volunteer Intake Form



Today's Date: _____

Personal Information

Name (Last, First, MI):			Date of Birth:
Address:			Phone Day:
City:	State:	Zip:	Evening:
County of Residence:			Cellular:
E-Mail:			

Willing to volunteer in: Sarpy Cass, NE Other: _____

Skills: Please check all that apply:

Any Special Requirements: _____

<p><u>People Skills</u></p> <p><input type="checkbox"/> Welcoming</p> <p><input type="checkbox"/> Directing traffic flow of people</p> <p><input type="checkbox"/> Explaining a process or form in a calm manner</p> <p><input type="checkbox"/> Listening</p> <p><u>Communications</u></p> <p><input type="checkbox"/> CB or Ham Operator</p> <p><input type="checkbox"/> Public Relations</p> <p><input type="checkbox"/> Public Speaker</p> <p><input type="checkbox"/> Other</p> <p>_____</p> <p><u>Computers</u></p> <p><input type="checkbox"/> IT Specialist</p> <p><input type="checkbox"/> Repair</p> <p><input type="checkbox"/> Software</p> <p><input type="checkbox"/> Other</p> <p>_____</p> <p><u>Office Support</u></p> <p><input type="checkbox"/> Clerical – filing, copying</p> <p><input type="checkbox"/> Data Entry</p> <p><input type="checkbox"/> Badging</p> <p><input type="checkbox"/> Phone Receptionist</p> <p><input type="checkbox"/> Typing/Software</p> <p><input type="checkbox"/> Records Keeping</p> <p><input type="checkbox"/> Quality Control</p> <p><input type="checkbox"/> Supervision</p> <p><input type="checkbox"/> Other</p> <p>_____</p>

<p><u>Medical Certification/License</u></p> <p><input type="checkbox"/> EMT</p> <p><input type="checkbox"/> Certified Nursing Assistant</p> <p><input type="checkbox"/> Licensed Practical Nurse</p> <p><input type="checkbox"/> RN</p> <p><input type="checkbox"/> ARNP</p> <p><input type="checkbox"/> PA</p> <p><input type="checkbox"/> Physician</p> <p><input type="checkbox"/> Pharmacist</p> <p><input type="checkbox"/> Pharmacy Technician</p> <p><u>Services</u></p> <p><input type="checkbox"/> Animal Care</p> <p><input type="checkbox"/> Animal Rescue</p> <p><input type="checkbox"/> Auto Repair/Towing</p> <p><input type="checkbox"/> Child Care</p> <p><input type="checkbox"/> Elderly/Disabled</p> <p><input type="checkbox"/> Preparing or delivering food</p> <p><input type="checkbox"/> Runner (supplies)</p> <p><input type="checkbox"/> Search and Rescue</p> <p><input type="checkbox"/> Traffic Control</p> <p><input type="checkbox"/> Other</p> <p>_____</p> <p><u>Labor</u></p> <p><input type="checkbox"/> Clean Up</p> <p><input type="checkbox"/> Loading/Shipping</p> <p><input type="checkbox"/> Sorting/Packing</p> <p><input type="checkbox"/> Supervisor</p> <p><input type="checkbox"/> Fill Sandbags</p> <p><input type="checkbox"/> Other</p> <p>_____</p>

<p><u>Equipment</u></p> <p><input type="checkbox"/> Forklift</p> <p><input type="checkbox"/> Bulldozer</p> <p><input type="checkbox"/> Backhoe</p> <p><input type="checkbox"/> Generator</p> <p><input type="checkbox"/> Bucket</p> <p><input type="checkbox"/> Tractor</p> <p><input type="checkbox"/> Other</p> <p>_____</p> <p><u>Transportation</u></p> <p><input type="checkbox"/> Car</p> <p><input type="checkbox"/> Commercial Driver License</p> <p><input type="checkbox"/> Station Wagon</p> <p><input type="checkbox"/> Truck</p> <p><input type="checkbox"/> Truck 4 Wheel Drive</p> <p><input type="checkbox"/> SUV 4 Wheel Drive</p> <p><u>Training</u></p> <p><input type="checkbox"/> Incident Command</p> <p><input type="checkbox"/> NIMS</p> <p><input type="checkbox"/> SNS Dispensing</p> <p><input type="checkbox"/> CERT</p> <p><input type="checkbox"/> Crime Watch</p> <p>Any special skills not listed here that could be used in a disaster response?</p> <p>_____</p> <p>_____</p> <p>_____</p>
