



Response Team
Volunteer Registration, Part 1

Sponsoring Congregation or Organization: _____

Name: _____ Date of Service _____

Mailing Address: _____

Phones: C: _____ W: _____

Email: _____@_____.

Days and Times Available to Volunteer: _____

Sun _____ Mon _____ Tue _____ Wed _____ Thu _____ Fri _____ Sat _____

Other Language(s) spoken: _____

Medical Conditions that affect your ability to serve: _____

I agree to adhere to all safety policies: _____ Y _____ N

I'm interested in volunteering in the area(s) noted below:

Sheltering:

- ___ People
___ Laundry
___ Support Transportation
___ Pets
___ Compassionate Care

Supplying:

- ___ Supply and Food Distribution
___ Bulk Warehousing

Clean Up:

- ___ Mucking and Gutting
___ Chain sawing/ Clearing
___ Boarding/Tarping

Skills and Experience:

- ___ Disaster Response Training
___ Veterinarian/animal care
___ Medical
___ First Aid
___ Pastoral care
___ Mission work
___ Food preparation
___ Word/data processing
___ Communications
___ Computer programs
___ Mucking & Gutting
___ Boarding & Tarping
___ Chain sawing
___ Construction
___ Electrical
___ Plumbing
___ Mechanical
___ Supply
Distribution

___ Other _____