

# Disaster Relief Volunteer Application Form

Please complete all sections of this application form to register as a disaster relief volunteer. Print clearly.

## 1. Personal Information

Full Name:

Date of Birth (MM/DD/YYYY):

Street Address:

City, State, Zip Code:

Phone Number:

Email Address:

## 2. Emergency Contact Information

Emergency Contact Name:

Relationship to Volunteer:

Emergency Contact Phone Number:

## 3. Skills, Certifications, and Experience

Do you have medical training? (Yes/No - If yes, specify certification like EMT, RN, MD):

Are you CPR/First Aid Certified? (Yes/No and Expiration Date):

Languages Spoken (Other than English):

Do you have heavy machinery or commercial driving license? (Yes/No - Specify):

Other relevant skills (e.g., search and rescue, construction, food service, counseling):

Previous Disaster Relief Experience (List organizations and roles):

## 4. Availability and Deployment Preferences

How quickly can you deploy? (e.g., Immediate, 24 hours, 72 hours notice):

Are you willing to travel out of state? (Yes/No):

Maximum deployment duration you can commit to? (e.g., 3 days, 1 week, 2+ weeks):

## 5. Signature and Authorization

I hereby certify that the information provided in this application is true and accurate to the best of my knowledge.

Applicant Signature:

Date (MM/DD/YYYY):