

Disaster Response Volunteer Registration Form

Instructions: Please complete all sections of this form. This printed copy will be used for official record-keeping and emergency deployment coordination.

1. Personal Information

Full Name:

Date of Birth (MM/DD/YYYY):

Street Address:

City, State, Zip Code:

Primary Phone Number:

Email Address:

2. Emergency Contact Information

Emergency Contact Name:

Relationship to Volunteer:

Emergency Contact Phone Number:

3. Skills, Certifications, and Experience

Medical Training / Certifications (e.g., CPR, First Aid, EMT, RN):

Languages Spoken Fluently:

Heavy Machinery / Vehicle Operation Licenses:

Previous Disaster Relief Experience (Yes/No and brief description):

4. Availability and Preferences

General Availability (e.g., Weekends, Weekdays, On-Call):

Preferred Volunteer Role (e.g., Search & Rescue, Food Distribution, Admin):

Geographic Areas Willing to Deploy To:

5. Health and Physical Limitations

Physical Limitations or Medical Conditions to Note:

Severe Allergies or Dietary Restrictions:

6. Authorization and Sign-Off

By signing below, I certify that the information provided is true and accurate to the best of my knowledge.

Volunteer Signature (Sign after printing):

Date (MM/DD/YYYY):

