

VOLUNTEER REGISTRATION FORM

TOWN OF _____

Name of Volunteer: _____ Date: _____

Address: _____ Town: _____ State: _____ Zip: _____

Phone _____ Email: _____

PLEASE CHECK ANY OF THE FOLLOWING IN WHICH YOU HAVE EXPERTISE AND TRAINING.

____ First Aid (current card: Yes___ No___)

____ CPR (current card: Yes___ No___)

____ Triage

____ Construction

____ Search & Rescue

____ Law Enforcement

____ Multi-Lingual (Languages: _____)

____ Food Preparation

____ Bus/Truck Driver

____ Commercial Driver's License

____ Ham Radio Operator

____ Mental Health Worker

____ Other _____

____ Other _____

____ Other _____

____ Other _____

Do you have equipment or access to equipment or materials which could be used in an emergency?

Yes: ___ No: ___

Please list equipment and materials

Special Interests

Availability

Signature: _____

Staff Member filling out form

Date _____

Printed Name of Staff Member _____

Form courtesy of:

Mapping & Planning Solutions (MAPS)
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