



VOLUNTEER ACTION CENTER

a service of the United Way

DISASTER RELIEF VOLUNTEER ENROLLMENT FORM

Name: _____ Date of Birth: _____

Address/City/Zip: _____

Phone day: _____ Phone evening: _____

Cell phone: _____ Fax: _____

E-mail: _____

Place of Employment: _____

Driver's License Number: _____

Skills/Certifications/Profession/Areas of Interest

Check the appropriate categories and check any special skills for category. If license/certification is required, you must provide it upon request.

Administration/Supervision

Animal Care

Animal Rescue

CDL

- Bus Driver
- Trucker
- Passenger

Child Care

Communications

- Ham Radio
 - Call sign: _____
- Cellular
- Phones
- Other _____

Computer Skills

- Computer Operation
- Computer
- Repair/Installation
- Data Entry
- Law Enforcement
- Other _____

Construction/Repair

- Home Repair
- Welding
- Other _____

Counseling

- Chaplain
 - Clergy
 - Licensed Mental Health
 - Social Worker
 - Psychiatrist
 - Psychologist
 - Other _____
- License #** _____

Damage Assessment

Debris Removal/Clean Up

Driving

EMT/Fire Rescue

Farmer

Food Service

- Food Preparation
- Food Management
- Food Server
- Other _____

General Office Skills

Heavy Equipment Operator

- Fork Lift
- Back Hoe
- Crane
- Other _____

Languages

- Spanish
 - Speak Read Understand
- Sign
- Other _____

Law Enforcement

Mechanical Ability

Medical/Veterinary

- Dentist Paramedic Lab Tech/MT
- LPN Physician RN X-Ray
- NP Veterinarian PA Technician
- License #** _____

Missing Person Search

Mortuary Service

School Services

- Teacher
- Counselor
- Social Worker
- Dietary/Food Management
- License #** _____

Security Experience

Shelter Services

Seniors

- Disabled
- Other _____

Traffic Control

Waste Disposal

Are you currently in good health:

- Yes No

Do you have current First Aid and CPR training?

- Yes No

Would you be willing to attend training to improve/update your skills?

- Yes No

I prefer to be:

- Inactive** – prepared for service only in an emergency or disaster
- Active** – volunteer for community activities

I hereby make application to become a disaster response volunteer in Madison County, and possibly, surrounding communities. I also hereby give permission for this information to be shared exclusively between the United Way of Madison County; Madison County Health Department; Madison County EMA, City of Anderson EMA; American Red Cross – Madison County Service Center; and The Salvation Army of Madison County.

By submitting this form you agree to comply in obtaining either one, or all three bureaus of a federal, state, or local background check.

Signature: _____ Date: _____

Submit to: **United Way of Madison County, Attn: Volunteer Action Center**
1201 E. 5th St., Ste. 1019, PO Box 1200, Anderson, IN 46015-1200