

Disaster Volunteer Application Form

Personal Contact Information:

Name: _____ Day Phone: _____

Home Address: _____ Evening Phone: _____

City: _____ Cell Phone: _____

State: _____ Zip: _____ Email: _____

Emergency Contact Information (Name/Phone): _____

Your Occupation: _____ Employer: _____

Skills, Experience & Qualifications:

Fluency in Language(s) other than English (incl. sign language): _____

Licenses/Professional Certifications: _____

Professional Background: _____

Education Background: _____

Computer Skills: _____

Prior or Current Volunteer Experience: _____

Prior Disaster Relief Experience: _____

Other Skills:

- | | |
|---|--|
| <input type="checkbox"/> Administrative/Secretarial | <input type="checkbox"/> Human Resources (interview/recruit) |
| <input type="checkbox"/> Accounting/Finance/ Bookkeeping | <input type="checkbox"/> Mental Health Counselor/Social Worker |
| <input type="checkbox"/> Civil Servant (Police, Firefighter, etc) | <input type="checkbox"/> Management |
| <input type="checkbox"/> Child Care | <input type="checkbox"/> Technical (IT Professional, etc.) |
| <input type="checkbox"/> Customer Service | <input type="checkbox"/> Trade: _____ |
| <input type="checkbox"/> Food Service (help prepare/serve meals) | <input type="checkbox"/> Transportation (Bus/Truck Driver) |
| <input type="checkbox"/> Health Services (Doctor, Nurse, EMT) | <input type="checkbox"/> Other: _____ |



General Availability :

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
AM							
PM							

What is the best time (day and time) and method (work phone, home phone, email) to reach you? _____

Do you have personal transportation? _____

Describe any restrictions on your activities (physical, medical, mental):

Are you willing/able to perform manual labor? Yes No

Length of residency (number of years) in Crawford County: _____

Are you currently charged with or have you ever been convicted of a felony?
 Yes No

If yes, please explain: _____

Demographic Information:

This information is optional. It is used for reporting purposes to our community and to our organization:

- Male
- Female

Date of Birth: ____/____/____

Ethnicity: _____

Volunteer Agreement:

1. The information provided is complete and true. If information given on this application is incomplete or untrue, I understand my assignment may be terminated.
2. I have disclosed any felony convictions. I agree to a background check, verification of the statements contained herein and additional screening procedures.
3. I agree to respect the rights, property, and confidentiality of emergency worker and individuals affected by disaster.
4. I agree to adhere to the rules/instructions of my job assignment(s) so as not to jeopardize relief operations or procedures.
5. I understand that my own insurance will be used for coverage for illnesses and injuries and that I am ultimately responsible for any costs incurred.

Signature: _____

Date: _____

Mail to:
Crawford County Health Department
Volunteer Program
202 N. Blaine Blvd.
Robinson, IL 62454

