

# Emergency Response Volunteer Registration Form

**PLEASE PRINT CLEARLY**

Mr. \_\_\_ Mrs. \_\_\_ Ms. \_\_\_ Name \_\_\_\_\_ MI \_\_\_ Birth Date \_\_\_\_\_

Email address \_\_\_\_\_ Cell Phone \_\_\_\_\_ Day Phone \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_ Zip \_\_\_\_\_

Occupation \_\_\_\_\_

If you have any health limitations, please explain \_\_\_\_\_

Citizen Corp Member? Yes \_\_\_\_\_ No \_\_\_\_\_

Emergency Contact (Next of Kin) \_\_\_\_\_ Emergency Phone \_\_\_\_\_

**SKILLS: Please check all that apply.**

<b><u>MEDICAL</u></b>	
<input type="checkbox"/> Doctor	Specialty: _____
<input type="checkbox"/> Nurse	Specialty: _____
<input type="checkbox"/> Emerg. Medical Cert.	
<input type="checkbox"/> CPR	
<input type="checkbox"/> Mental Health Counseling	
<input type="checkbox"/> Veterinarian	
<input type="checkbox"/> Veterinary Technician	
<b><u>COMMUNICATIONS</u></b>	
<input type="checkbox"/> CB or Ham Operator	
<input type="checkbox"/> Hotline Operator	
<input type="checkbox"/> Own a Cell Phone	
<input type="checkbox"/> Own a Sky Phone # _____	
<input type="checkbox"/> Public Relations	
<input type="checkbox"/> Webpage Design	
<input type="checkbox"/> Public Speaker	
<input type="checkbox"/> Management	
<input type="checkbox"/> Interviewer	
<input type="checkbox"/> Greeter	
<b><u>OFFICE SUPPORT</u></b>	
<input type="checkbox"/> Clerical - Filing, Copying	
<input type="checkbox"/> Data Entry -- Software: _____	
<input type="checkbox"/> Telephone Skills/Receptionist	
<b><u>LANGUAGE/ other than English</u></b>	
<input type="checkbox"/> Spanish	
<input type="checkbox"/> Other: _____	

<b><u>SERVICES</u></b>
<input type="checkbox"/> Food
<input type="checkbox"/> Elderly/Disabled Assistant
<input type="checkbox"/> Childcare
<input type="checkbox"/> Spiritual Counseling
<input type="checkbox"/> Social Work
<input type="checkbox"/> Search and Rescue
<input type="checkbox"/> Auto Repair/Towing
<input type="checkbox"/> Traffic Control
<input type="checkbox"/> Crime/Security Watch
<input type="checkbox"/> Animal Rescue
<input type="checkbox"/> Animal Care/Domestic
<input type="checkbox"/> Animal Livestock Care
<input type="checkbox"/> Runner
<b><u>STRUCTURAL</u></b>
<input type="checkbox"/> Contractor
<input type="checkbox"/> Damage Assessment
<input type="checkbox"/> Metal Construction
<input type="checkbox"/> Wood Construction
<input type="checkbox"/> Block Construction
<input type="checkbox"/> Plumbing
<input type="checkbox"/> Electrical
<input type="checkbox"/> Roofing
<b><u>SUPPLIES &amp; STORAGE OFFERED:</u></b>
<input type="checkbox"/> Please Describe _____
_____
_____
_____

<b><u>TRANSPORTATION</u></b>
<input type="checkbox"/> Car
<input type="checkbox"/> Station Wagon/Mini Van
<input type="checkbox"/> Maxi-Van, capacity _____
<input type="checkbox"/> ATV
<input type="checkbox"/> Own Off-Road Veh/4wd
<input type="checkbox"/> Own Truck, description: _____
<input type="checkbox"/> Own Boat, capacity _____
Type: _____
<input type="checkbox"/> Commercial Driver License
<input type="checkbox"/> Camper/RV, capacity & type: _____
_____
<input type="checkbox"/> Wheelchair Transport
<b><u>LABOR</u></b>
<input type="checkbox"/> Loading/Shipping
<input type="checkbox"/> Sorting/Packing
<input type="checkbox"/> Clean-up/Debris
<input type="checkbox"/> Operate Equipment i.e. Forklift
Types: _____
_____
<input type="checkbox"/> Supervising Experience
<b><u>EQUIPMENT OFFERED:</u></b>
<input type="checkbox"/> Front End Loader
<input type="checkbox"/> Chainsaw
<input type="checkbox"/> Generator
<input type="checkbox"/> Other: _____
_____

Availability days & times:

Additional special skills, vocational training, emergency response training:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Please remember to list all special license numbers on back of form.**

**Release of Liability Statement**

I, for myself and my heirs, executors, administrators and assigns, hereby release, indemnify and hold harmless [Coordinating Agency, local governments, State of \_\_\_\_\_, the organizers, sponsors and supervisors of all emergency preparedness, response and recovery activities (**check with local Risk Management and Emergency Management Departments re who should be included**)] from all liability for any and all risk of damage or bodily injury or death that may occur to me (including any injury caused by negligence), in connection with any volunteer emergency effort in which I participate. I likewise hold harmless from liability any person transporting me to or from any emergency response activity. In addition, emergency response officials have permission to utilize any photographs or videos taken of me for publicity or training purposes. I will abide by all safety instructions and information provided to me during emergency response efforts.

Further, I expressly agree that this release, waiver, and indemnity agreement is intended to be as broad and inclusive as permitted by the State of Wisconsin, and that if any portion thereof is held invalid, it is agreed that the balance shall, not withstanding, continue in full legal force and effect.

I have no known physical or mental condition that would impair my capability to participate fully, as intended or expected of me.

I have carefully read the foregoing release and indemnification and understand the contents thereof and sign this release as my own free act.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Guardian, if under 18 \_\_\_\_\_ Date \_\_\_\_\_

**Volunteer's credentials were recorded as presented. Verification of credentials is the responsibility of the receiving agency.**

Description & License #	Date issue	Date Expired

**This volunteer was referred to the following agencies:**

Date	Hours	Volunteer Assignment	Agency or Site

**Notes:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Interview  
\_\_\_\_\_

Basic	Training Special	Additional
_____	_____	_____

Credentials  
\_\_\_\_\_

Verification ID  
\_\_\_\_\_