

# KUMC Emergency Preparedness Volunteer Form



Please print all information.

Name \_\_\_\_\_  
Last Name First Name Preferred Name

Home Address \_\_\_\_\_  
Street Address City Zip

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Occupation \_\_\_\_\_

Email Address \_\_\_\_\_ Do you communicate with Facebook? Yes \_\_\_ No \_\_\_ Twitter? Yes \_\_\_ No \_\_\_

**Person to notify in emergency:**

Name \_\_\_\_\_ Email Address \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

I would like to work in the following area(s): Please give first, second, and third choice. See job description on separate sheet.

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Management                      | <input type="checkbox"/> Volunteer Recruitment | <input type="checkbox"/> Kitchen Services |
| <input type="checkbox"/> Dining Area                     | <input type="checkbox"/> Children's Play Area  | <input type="checkbox"/> Security/Safety  |
| <input type="checkbox"/> Public Relations/Communications | <input type="checkbox"/> Client In-Take        | <input type="checkbox"/> Logistics        |
| <input type="checkbox"/> Parking Lot Management          | <input type="checkbox"/> Bulk Distribution     |   |

Days/Hours Available: (Please mark the appropriate day/time)

	MON	TUE	WED	THUR	FRI	SAT	SUN
AM							
PM							
EVE							

Prior work in emergency relief? Yes \_\_\_ No \_\_\_ If yes, when and what disaster: \_\_\_\_\_

Certified in First Aid? Yes \_\_\_ No \_\_\_ CPR? Yes \_\_\_ No \_\_\_

Driver's License # \_\_\_\_\_ State \_\_\_\_\_ Subdivision/Area You Live \_\_\_\_\_ approx. distance from church \_\_\_ mi.

Are you: Under 18 years old \_\_\_ 18-24 years old \_\_\_ 25 or older \_\_\_

Languages? (Other than English) \_\_\_\_\_

Special Skills: \_\_\_\_\_

List Microsoft Office Suite skills \_\_\_\_\_

Will you commit to be one of the first called to open the kitchen? Yes \_\_\_ No \_\_\_

I verify that I have not been convicted of a felony or, within the last 24 months, been convicted of a misdemeanor that resulted in imprisonment. If this statement is incomplete or untrue, I understand my assignment will be terminated. I have read the fundamental principles of the Red Cross movement and Standards of Conduct for Disaster Relief workers on the back of this form and agree to abide by them during my assignment with the Red Cross Shelter. If this statement is incomplete or untrue, I understand my assignment will be terminated.

Disaster Worker's Signature \_\_\_\_\_ Date \_\_\_\_\_