

# Emergency Response Volunteer Registration Form

For Volunteer Fox Cities

## PLEASE PRINT CLEARLY

Name \_\_\_\_\_ MI \_\_\_\_\_ Birth Date \_\_\_\_\_ Age \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

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

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

Occupation \_\_\_\_\_

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

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

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

### **MEDICAL**

- \_\_\_\_\_ Doctor -Specialty: \_\_\_\_\_
- \_\_\_\_\_ Nurse - Specialty: \_\_\_\_\_
- \_\_\_\_\_ Emergency Medical Certified
- \_\_\_\_\_ CPR
- \_\_\_\_\_ Mental Health Counseling
- \_\_\_\_\_ Veterinarian/Veterinary Tech

### **COMMUNICATIONS**

- \_\_\_\_\_ CB or Ham Operator
- \_\_\_\_\_ Hotline Operator
- \_\_\_\_\_ Own a Cell Phone
- \_\_\_\_\_ Own a Sky Phone  
# \_\_\_\_\_
- \_\_\_\_\_ Public Relations
- \_\_\_\_\_ Webpage Design
- \_\_\_\_\_ Public Speaker
- \_\_\_\_\_ Management
- \_\_\_\_\_ Interviewer
- \_\_\_\_\_ Greeter

### **OFFICE SUPPORT**

- \_\_\_\_\_ Clerical - Filing, Copying
- \_\_\_\_\_ Data Entry: List Software  
\_\_\_\_\_
- \_\_\_\_\_ Telephone Skills/Receptionist

### **LANGUAGE/ other than English**

- \_\_\_\_\_ Spanish
- \_\_\_\_\_ Other: \_\_\_\_\_

### **SERVICES**

- \_\_\_\_\_ Food
- \_\_\_\_\_ Elderly/Disabled Assistant
- \_\_\_\_\_ Childcare
- \_\_\_\_\_ Spiritual Counseling
- \_\_\_\_\_ Social Work
- \_\_\_\_\_ Search and Rescue
- \_\_\_\_\_ Auto Repair/Towing
- \_\_\_\_\_ Traffic Control
- \_\_\_\_\_ Crime/Security Watch
- \_\_\_\_\_ Animal Rescue
- \_\_\_\_\_ Animal Care/Domestic
- \_\_\_\_\_ Animal Livestock Care

### **STRUCTURAL**

- \_\_\_\_\_ Contractor
- \_\_\_\_\_ Damage Assessment
- \_\_\_\_\_ Metal Construction
- \_\_\_\_\_ Wood Construction
- \_\_\_\_\_ Block Construction
- \_\_\_\_\_ Plumbing
- \_\_\_\_\_ Electrical
- \_\_\_\_\_ Roofing

### **SUPPLIES & STORAGE OFFERED:**

- Please Describe \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

### **TRANSPORTATION**

- \_\_\_\_\_ Car
- \_\_\_\_\_ Station Wagon/Mini Van
- \_\_\_\_\_ Maxi-Van, capacity \_\_\_\_\_
- \_\_\_\_\_ ATV
- \_\_\_\_\_ Own Off-Road Veh/4wd
- \_\_\_\_\_ Own Truck, description: \_\_\_\_\_
- \_\_\_\_\_ Own Boat, capacity \_\_\_\_\_  
Type: \_\_\_\_\_
- \_\_\_\_\_ Commercial Driver License
- \_\_\_\_\_ Camper/RV, capacity  
& type: \_\_\_\_\_
- \_\_\_\_\_ Wheelchair Transport

### **LABOR**

- \_\_\_\_\_ Loading/Shipping
- \_\_\_\_\_ Sorting/Packing
- \_\_\_\_\_ Clean-up/Debris
- \_\_\_\_\_ Operate Equipment i.e. Forklift  
Types: \_\_\_\_\_
- \_\_\_\_\_ Supervising Experience

### **EQUIPMENT OFFERED:**

- \_\_\_\_\_ Front End Loader
- \_\_\_\_\_ Chainsaw
- \_\_\_\_\_ Generator
- \_\_\_\_\_ Other: \_\_\_\_\_

Availability days & times:

\_\_\_\_\_

Additional special skills, vocational training, emergency response training:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(OVER)

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

Description & License #	Date issue	Date Expired

### Release of Liability Statement

I, for myself and my heirs, executors, administrators and assigns, hereby release, indemnify and hold harmless Outagamie County, State of WI, the organizers, sponsors and supervisors of all emergency preparedness, response and recovery activities **and the Volunteer Center of East Central WI (a.k.a. Volunteer Fox Cities)** 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, notwithstanding, 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.

I authorize a background check of me to be completed.

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

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

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

Date	Hours	Volunteer Assignment	Agency or Site

### Notes:

#### Initial when completed

INTERVIEW COMPLETED \_\_\_\_\_

TRAINING COMPLETED: BASIC \_\_\_\_\_

SPECIAL \_\_\_\_\_ DESCRIBE \_\_\_\_\_

CREDENTIALS PROVIDED \_\_\_\_\_

VERIFICATION ID CHECKED \_\_\_\_\_