

VOLUNTEER REGISTRATION FORM

HEART ST STEPHENS CHURCH

Date: _____

Name: _____ OVER 18? Y N

Address: _____

Subdivision: _____

Home Phone No. _____ CELL No. _____ OFC No. _____

E-mail Address: _____

EMERGENCY CONTACT

Name: _____ Relationship: _____

Home Phone No. _____ CELL No. _____

RESOURCES

<input type="checkbox"/> ATV	<input type="checkbox"/> Generator	<input type="checkbox"/> Pick ax	<input type="checkbox"/> Truck
<input type="checkbox"/> Bicycle	<input type="checkbox"/> GPS locator	<input type="checkbox"/> Pole saw	<input type="checkbox"/> Wheelbarrow
<input type="checkbox"/> Camping	<input type="checkbox"/> Ham radio	<input type="checkbox"/> Rope	<input type="checkbox"/> Wreck bar
<input type="checkbox"/> CB radio	<input type="checkbox"/> Hand saw	<input type="checkbox"/> Shovel	<input type="checkbox"/> Others, please list
<input type="checkbox"/> Chain saw	<input type="checkbox"/> Ladder	<input type="checkbox"/> Sledge hammer	_____
<input type="checkbox"/> Compressor	<input type="checkbox"/> Motorcycle	<input type="checkbox"/> Tent	_____

SKILLS

<input type="checkbox"/> Admin	<input type="checkbox"/> Doctor	<input type="checkbox"/> Logistics	<input type="checkbox"/> Police
<input type="checkbox"/> Carpentry	<input type="checkbox"/> Electrical	<input type="checkbox"/> Mechanical	<input type="checkbox"/> Roofing
<input type="checkbox"/> Chain Saw	<input type="checkbox"/> EMT	<input type="checkbox"/> Nurse	<input type="checkbox"/> Security
<input type="checkbox"/> CPR	<input type="checkbox"/> First Aid	<input type="checkbox"/> Nurse Aid	<input type="checkbox"/> Tree Trim
<input type="checkbox"/> Data Base	<input type="checkbox"/> Ham Radio	<input type="checkbox"/> Painting	<input type="checkbox"/> Welding
<input type="checkbox"/> Dentist	<input type="checkbox"/> Hvy Equip	<input type="checkbox"/> Paramedic	<input type="checkbox"/> Other, please list
<input type="checkbox"/> Disaster Relief	<input type="checkbox"/> Lineman	<input type="checkbox"/> Plumbing	_____

PREFERENCES

1. Work Team <input type="checkbox"/>	<input type="checkbox"/> Comm. Center	<input type="checkbox"/> Medical	<input type="checkbox"/> Sect Captain
2. Support <input type="checkbox"/>	<input type="checkbox"/> Communications	<input type="checkbox"/> Messaging	<input type="checkbox"/> Supplies
	<input type="checkbox"/> Food	<input type="checkbox"/> Resources	<input type="checkbox"/> Training
	<input type="checkbox"/> Liaison		<input type="checkbox"/> Transport

Availability Sun Mon Tue Wed Thr Fri Sat Daytime Evening

Comments:
