

DISASTER RECOVERY SERVICES

Individual Volunteer Intake Form

Date: _____ Group Name: _____

Your Name: _____

Your Address: _____

City: _____ State: _____ Zip: _____

Your Phone(s): Home(____)_____ Work(____)_____ Cell(____)_____

Your E-Mail: _____

Check One: adult female adult male youth (<19) female youth (<19) male

Birth date: ____/____/____ Previous Disaster Experience? yes no

Please List Any Health Issues: _____

Emergency Contact Information:

Contact Name: _____

Contact Phone(s): Home(____)_____ Work(____)_____ Cell(____)_____

Personal Skills:

Please classify each skill listed below according to the following:

- 0 = I am unable to do or am not interested in this skill
- 1 = I don't know how but am willing to learn/try
- 2 = I have done it before but may need some help to do
- 3 = I can do a good job myself
- 4 = I can do a good job and guide/teach others

- | | |
|---|--|
| ___ Architecture | ___ Carpentry |
| ___ Clean up Work | ___ Concrete |
| ___ Contractor (license in what state? _____) | ___ Construction Layout |
| ___ Drywall hanging | ___ Drywall finishing |
| ___ Egress windows | ___ Electrician (license in what state? _____) |
| ___ Engineering | ___ Flooring - Carpet |
| ___ Flooring – Underlay | ___ Flooring – Vinyl |
| ___ Framing | ___ Heating/cooling |
| ___ Heavy equipment operation (_____) | ___ Insulation |
| ___ Masonry | ___ Painting |
| ___ Plumbing (license in what state? _____) | ___ Roofing |

Other skills? _____

