



EMERGENCY VOLUNTEER REGISTRATION FORM

A **Volunteer** is an individual who willingly gives time and effort to an activity without compensation (CDEMA ACPEU/SRFP CC047)

1. Contact Information

First Name: _____ Last Name: _____

Sex: Male Female

Date of Birth: ____/____/____ Age: _____
DD MM YY

Home Address: _____

Contact No.: Main: _____ Alternate: _____

Email Address: _____

Current place of employment:

2. Skills and Specialties in Disaster Management

[Please indicate your area of expertise by ticking the appropriate box (es)]

- | | | |
|--|---|--|
| <input type="checkbox"/> Doctor - Specialty: _____ | <input type="checkbox"/> Initial Damage Assessment | <input type="checkbox"/> Swift Water Search and Rescue |
| <input type="checkbox"/> Nurse - Specialty: _____ | <input type="checkbox"/> Damage and Loss Assessments | <input type="checkbox"/> Incident Command |
| <input type="checkbox"/> Nursing Assistant | <input type="checkbox"/> General Hazard Awareness | <input type="checkbox"/> Shelter Management |
| <input type="checkbox"/> Patient Care Assistant | <input type="checkbox"/> Logistics Management | <input type="checkbox"/> Inventory Management |
| <input type="checkbox"/> First Aid/CPR | <input type="checkbox"/> Disaster Planning | <input type="checkbox"/> Packing (Warehouse) |
| <input type="checkbox"/> Health and Safety Officer | <input type="checkbox"/> Auxiliary Firefighting | <input type="checkbox"/> Clerical and Data Entry Officer |
| <input type="checkbox"/> Emergency Medical Technicians | <input type="checkbox"/> Fire Officer (current/retired) | <input type="checkbox"/> Heavy/Light Machinery Operation |
| <input type="checkbox"/> Counselling | <input type="checkbox"/> Police Officer | <input type="checkbox"/> Driver (Light/Heavy T) |

Pharmacist

Security Officer

Religious Leader

Vulnerability Capacity Assessment

Radio Communication

Community Leader

Damage Assessment and Needs Analysis

Urban Search and Rescue

Engineers

ICT Professional

Other

3. Qualifications in field (s) indicated:

4. Years of experience in field (s) indicated: _____

5. Do you have any previous experience as a volunteer? Yes No

(If yes, please indicate organisation/field)

6. What day (s) will you be able to volunteer your services?

Sunday

Tuesday

Thursday

Saturday

Monday

Wednesday

Friday

7. Time of day when your services are available: A.M. P.M. 24HRS

8. Do you have any disabilities? Yes No

(If yes, please indicate): _____

9. Date of Application: ____/____/____

DD MM YY

REMEMBER IN TIMES OF DISASTER, WE ALL NEED TO WORK AS ONE FOR THE NEEDS OF ALL!