

Volunteer Skills and Certification Assessment

Section I: Personal Info

Last: _____ First: _____ MI: _____ Date: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Cell: _____ Pager: _____

E-mail Address: _____

Do you have Transportation? Yes No

Do you have any Physical Limitations? (Please List) _____

Section II: Emergency Contact Info

Name:	Name:
Phone Number:	Phone Number:
Address:	Address:

Section III: Skills

Please indicate the skills you possess, tasks for which you are qualified, or areas in which you have special expertise. Please choose all that apply.

A. Disaster Skills			
CERT:	<input type="checkbox"/>	Date Trained:	Date of last refresher:
Shelter Assistant:	<input type="checkbox"/>	Date Trained:	Organization:
Traffic Control:	<input type="checkbox"/>		
Crowd Control:	<input type="checkbox"/>		
Damage Assessment:	<input type="checkbox"/>	Date Trained:	Organization:
Shelter Operation:	<input type="checkbox"/>	Date Trained:	Organization:
Mass Care:	<input type="checkbox"/>	Date Trained:	Organization:
Swimming/Scuba:	<input type="checkbox"/>		
Fire Suppression:	<input type="checkbox"/>	Agency:	
Chemical Response:	<input type="checkbox"/>	Date Trained:	Organization:
Law Enforcement:	<input type="checkbox"/>	Agency:	
HAM Radio License:	<input type="checkbox"/>	Tech License or Higher: <input type="checkbox"/>	EMCOMM Training: <input type="checkbox"/>
Military:	<input type="checkbox"/>	(Specify any relevant experience)	
Public Health:	<input type="checkbox"/>	Agency/Organization:	
Security:	<input type="checkbox"/>		
Public Works:	<input type="checkbox"/>		

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B. Office Skills	Logistics:	<input type="checkbox"/>
Accounting: <input type="checkbox"/>	General Clerical:	<input type="checkbox"/>
Telephone Consoles: <input type="checkbox"/>	Computer Systems/Software:	<input type="checkbox"/>
Data Entry: <input type="checkbox"/>	Message Runner:	<input type="checkbox"/>

C. People Skills	
Sign Language: <input type="checkbox"/>	Bilingual: What Language(s)?
Child Care: <input type="checkbox"/>	Animal Care: <input type="checkbox"/>
Counselor: License: <input type="checkbox"/>	Special Populations: (Disabled, seniors, etc) <input type="checkbox"/>
Food Prep/Service: <input type="checkbox"/>	Legal: <input type="checkbox"/>
Care and Shelter: <input type="checkbox"/>	Customer Care: <input type="checkbox"/>
Donations Management: <input type="checkbox"/>	Experience Working With Elderly: <input type="checkbox"/>
Public Information: <input type="checkbox"/>	

D. Manual Skills	
Construction/Heavy Labor: <input type="checkbox"/>	Driver: <input type="checkbox"/>
CDL License: <input type="checkbox"/>	Endorsements: Classification:
Carpentry: <input type="checkbox"/>	Plumbing: <input type="checkbox"/>
Electrician: <input type="checkbox"/>	Debris Removal: <input type="checkbox"/>
Other:	

E. Medical Skills	
Doctor: <input type="checkbox"/>	License Number and Date:
Nurse: <input type="checkbox"/>	License Number and Date:
EMT/EMS/ Paramedic: <input type="checkbox"/>	License Number and Date:
Other Healthcare: <input type="checkbox"/>	License Number and Date:
Veterinarian: <input type="checkbox"/>	License Number and Date:
First Aid/CPR: <input type="checkbox"/>	Certification Date:

F. Volunteer

Interested in assisting with special projects in the Emergency Management Office:

G. Other

Special Equipment, Vehicles, Resources you can offer: (I.E. Chainsaws, Tractors, Trailers Etc)
