

SHENANDOAH PRESBYTERY DISASTER RESPONSE TEAM ROSTER
HIGHLAND-AUGUSTA AREA VOLUNTEER INTAKE FORM

DATE _____ / _____ / _____

CHURCH _____
ADDRESS _____

PHONE (____) _____ FAX (____) _____

VOLUNTEER NAME _____

ADDRESS _____

HOME PHONE (____) _____ WORK (____) _____ EMAIL _____

BIRTHDAY ____ / ____ / ____ ADULT MALE ____ ADULT FEMALE ____

YOUTH UNDER 19 YEARS ____ PREVIOUS DISASTER EXPERIENCE? NO ____ YES ____

WHERE? _____

SKILL LEVEL: CHECK ALL THAT APPLY WITH LEVEL #

	<u>Level 1</u> Little or no Experience	<u>Level 2</u> Moderate Experience	<u>Level 3</u> Accomplished Handyman	<u>Level 4</u> Professional Experience	<u>Level 5</u> Licensed Electric, Plumbing
Meal Preparation					
Office					
Clean-up					
Tree Removal					
Framing					
Dry wall					
Dry wall Finishing					
Flooring					
Painting					
Masonry					
Electric					
Plumbing					
Other:					

*Health Issues and Special Needs: Continue on Back

**Please keep a copy for your records and E-mail me [Gloyd May] at ibew1950@hotmail.com

***Any questions please call me at 540-649-1730 [cell] Thanks.

Disaster Response and Recovery Group Volunteer Intake Form

Date: ___ / ___ / ___ Team Number: ___ Completed by _____

Group Name/Organization/Church/District: _____

Address: _____

Phone: (____) _____ Cell: (____) _____

Contact Name: _____

Address (if different): _____

Home Phone: (____) _____ Work: (____) _____

Fax: (____) _____

SKILLS: Check all that apply: Clean Up ___ Tree Removal ___

Carpentry ___ Dry Wall ___ Flooring ___ Painting ___ Masonry ___

Electric (License?) ___ Plumbing (License?) ___ Office Skills _____

Arrival date ___ / ___ / ___ Departure date ___ / ___ / ___

Confirmed on ___ / ___ / ___ By staff: _____

___ # Adult Males Information packet sent ___ / ___ / ___

___ # Adult Females Information packet returned ___ / ___ / ___

___ # Youth

___ Total in group

Special Needs _____
