

**Peninsula-Delaware Conference
Early Response Team
Individual Volunteer Intake Form**

Date: ___ / ___ / ___

Volunteer Name: _____

Address: _____

Home Phone: (____) _____ work: (____) _____ email: _____

Emergency contact information:

Name _____ Phone: (____) _____

Volunteer liability form signed ___ / ___ / ___

Birthday ___ / ___ / ___ Adult male ___ Adult female ___ Youth under 19 years ___

Previous disaster experience? NO ___ YES ___ Where? _____

SKILL LEVEL: Check one

<u>Little or no</u>	<u>Accomplished</u>	<u>Professional</u>	<u>experience</u>	<u>handyman</u>	<u>experience</u>	<u>Licensed</u>
Office	_____	_____	_____	_____	_____	_____
Clean-up	_____	_____	_____	_____	_____	_____
Tree removal	_____	_____	_____	_____	_____	_____
Framing	_____	_____	_____	_____	_____	_____
Electric	_____	_____	_____	_____	_____	_____
Plumbing	_____	_____	_____	_____	_____	_____
Listening	_____	_____	_____	_____	_____	_____
Medical	_____	_____	_____	_____	_____	_____
Cook	_____	_____	_____	_____	_____	_____

Health issues and Special Needs: Continue on back