
[Name of Agency]

Disaster Staff Intake Form



PERSONNEL CATEGORY: ____ CURRENT VOL ____ NEW VOL ____ STAFF

LAST NAME FIRST NAME MI PREFERRED NAME

HOME ADDRESS CITY STATE ZIP

(____) _____ (____) _____ (____) _____
PHONE ALTERNATE PHONE EMAIL

DID YOU INCUR DAMAGE FROM THE DISASTER? [] YES [] NO ARE YOU: OVER 18 YRS OLD [] YES [] NO

PERSON TO NOTIFY IN EMERGENCY:

NAME RELATIONSHIP (____) PHONE

ADDRESS CITY STATE ZIP (____) ALTERNATE PHONE

SPECIAL SKILLS:

SPECIFY:

<input type="checkbox"/>	LANGUAGES (other than English)	_____
<input type="checkbox"/>	COMPUTER SKILLS	_____
<input type="checkbox"/>	LICENSES	_____
<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	_____	_____

VALID DRIVER'S LICENSE # _____ STATE _____ EXP _____

AVAILABILITY: (Please mark the appropriate day/time)

	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Morning							
Afternoon							
Evening							

LENGTH OF TIME AVAILABLE
(1 week, 1 month, open)

I VERIFY THAT I HAVE NOT BEEN CONVICTED OF A FELONY OR, WITHIN THE LAST 24 MONTHS, BEEN CONVICTED OF A MISDEMEANOR THAT RESULTED IN IMPRISONMENT. IF THIS STATEMENT IS INCOMPLETE OR UNTRUE, I UNDERSTAND MY ASSIGNMENT WILL BE TERMINATED.

DISASTER WORKER'S SIGNATURE OR PARENTAL SIGNATURE IF UNDER 18

DATE

******FOR AGENCY USE ONLY******

ASSIGNED TO: POSITION: _____ LOCATION: _____ DEPT/DIVISION: _____

INTERVIEWER: _____ DATE REFERRED: _____

COMMENTS