



Volunteer Reception Center (VRC) Disaster Relief Individual Intake Form

Date: _____ Check in time _____

Name: _____

Address: _____ City/State: _____ Zip: _____

Phone: Home: _____ Work: _____ Cell: _____

Email Address: _____

Are you volunteering with a particular group? Yes _____ No _____

If **yes** please list name of group/faith congregation: _____

Other volunteer experience? _____

SKILLS: (Please check all that apply – note many of these require experience)

- ✓ Clean-up
- ✓ Tree Removal
- ✓ Carpentry
- ✓ Dry Wall
- ✓ Flooring
- ✓ Painting
- ✓ Masonry
- ✓ Roofing
- ✓ Electric (Licensed?) Yes _____ No _____
- ✓ Plumbing (Licensed?) Yes _____ No _____
- Medical Reserve Corps Training?
- CERT Graduate?
- Red Cross Shelter Management?

INTERESTS: (Please check all that apply)

- ✓ Food Distribution
- ✓ Water & Ice Distribution
- ✓ Shelter Support (Red Cross ID?) Yes _____ No _____
- ✓ Courier Service (Delivering medication or critical services/own transportation)
- ✓ Phone Support
- ✓ Ham Radio Operator
- ✓ Data Entry/Computer
- ✓ Animal Care/Sheltering
- ✓ Emotional Support
 - Licensed Counselor? Yes _____ No _____
 - Pastoral Counselor? Yes _____ No _____

Office Use Only

Coordinators Comments

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