

**INTRO TO DISASTER  
REGISTRATION**

**NAME** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**HOME PHONE** \_\_\_\_\_ **CELL PHONE** \_\_\_\_\_

**OCCUPATION** \_\_\_\_\_ **WORK PHONE** \_\_\_\_\_

**EMAIL ADDRESS** \_\_\_\_\_

<b>LIFE EXPERIENCES (as they would relate to Red Cross Volunteer Work)</b>

**RED CROSS TRAINING INTERESTS (after watching Intro tape or Intro online)**

**HEALTH AND SAFETY**  
**DISASTER SERVICES** \_\_\_\_\_ **Date of Intro Course** \_\_\_\_\_

**Mass Care**  
    **Feeding**  
    **Sheltering**  
    **ERV**

**Logistics** \_\_\_\_\_ **Drivers License #**  
    **Facilities** \_\_\_\_\_  
    **Warehousing**  
    **Bulk Distribution** \_\_\_\_\_ **State** \_\_\_\_\_

**Family Service**  
    **Local DAT** \_\_\_\_\_ **Date expires** \_\_\_\_\_  
    **Chapter or Service Center**

**Disaster Assessment** \_\_\_\_\_ **Background Check Completed**  
**IMS (Records and Reports)** \_\_\_\_\_ **Y**                      **N**

**Staffing**  
**Training** \_\_\_\_\_ **Date Completed** \_\_\_\_\_

**Health Services**  
**Mental Health Services**  
(Check all Interests)

