

**VOLUNTEER REGISTRATION FORM - ALEXANDRIA**

**VOLUNTEER REGISTRATION  
EMERGENCY OPERATIONS PROGRAM**  
*Town of Alexandria*

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Contact Number: \_\_\_\_\_

**PLEASE CHECK ANY OF THE FOLLOWING IN WHICH YOU HAVE EXPERTISE AND TRAINING.**

- \_\_\_\_ First Aid (current card: Yes\_\_\_ No\_\_\_)
- \_\_\_\_ CPR (current card: Yes\_\_\_ No\_\_\_)
- \_\_\_\_ Triage
- \_\_\_\_ Construction
- \_\_\_\_ Search & Rescue
- \_\_\_\_ Law Enforcement
- \_\_\_\_ Multi-Lingual (Languages: \_\_\_\_\_)
- \_\_\_\_ Food Preparation
- \_\_\_\_ Bus/Truck Driver
- \_\_\_\_ Commercial Driver's License
- \_\_\_\_ Ham Radio Operator

- \_\_\_\_ Structural Engineer
- \_\_\_\_ Shelter Management
- \_\_\_\_ Waste Disposal
- \_\_\_\_ Recreational Leader
- \_\_\_\_ Physician
- \_\_\_\_ Nurse
- \_\_\_\_ Mental Health Worker
- \_\_\_\_ Other \_\_\_\_\_
- \_\_\_\_ Other \_\_\_\_\_
- \_\_\_\_ Other \_\_\_\_\_
- \_\_\_\_ Other \_\_\_\_\_

Do you have equipment or access to equipment or materials which could be used in an emergency?  
Yes: \_\_\_ No: \_\_\_

Please list equipment and materials

\_\_\_\_\_

Special Interests

\_\_\_\_\_

Availability

\_\_\_\_\_

Signature of Volunteer: \_\_\_\_\_

Date: \_\_\_\_\_