

# EMERGENCY RESPONSE VOLUNTEER FORM

NORTHEAST NEBRASKA PUBLIC HEALTH DEPARTMENT



Today's Date: \_\_\_\_\_

**Personal Information (PLEASE PRINT CLEARLY)**

|                         |        |      |                |
|-------------------------|--------|------|----------------|
| Name: (Last, First, MI) |        |      | Date of Birth: |
| Address:                |        |      | Day Phone:     |
| City:                   | State: | Zip: | Evening Phone: |
| County Of Residence:    |        |      | Cell Phone:    |
| E-mail Address:         |        |      |                |

**Willing to volunteer in the following county(ies):**

|                                |                                   |                                       |
|--------------------------------|-----------------------------------|---------------------------------------|
| <input type="checkbox"/> Cedar | <input type="checkbox"/> Dixon    | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Wayne | <input type="checkbox"/> Thurston | _____                                 |

**Skills:**

**Please check all that apply.**

| People Skills            |   |
|--------------------------|---|
| <input type="checkbox"/> | Welcoming                                     |
| <input type="checkbox"/> | Listening                                     |
| <input type="checkbox"/> | Directing traffic flow of people              |
| <input type="checkbox"/> | Explaining a process or form in a calm manner |
| Communication Skills     |   |
| <input type="checkbox"/> | CB or Ham Operator                            |
| <input type="checkbox"/> | Public Relations                              |
| <input type="checkbox"/> | Public Speakers                               |
| <input type="checkbox"/> | Other: _____                                  |
| Computers                |   |
| <input type="checkbox"/> | Information Technology Specialist             |
| <input type="checkbox"/> | Repair  |
| <input type="checkbox"/> | Software                                      |
| <input type="checkbox"/> | Networking                                    |
| <input type="checkbox"/> | Other: _____                                  |
| Office Support           |   |
| <input type="checkbox"/> | Clerical - filing, copying                    |
| <input type="checkbox"/> | Data Entry                                    |
| <input type="checkbox"/> | Inventory Management                          |
| <input type="checkbox"/> | Phone Receptionist                            |
| <input type="checkbox"/> | Typing  |
| <input type="checkbox"/> | Record Keeping                                |
| <input type="checkbox"/> | Quality Control                               |
| <input type="checkbox"/> | Supervision                                   |
| <input type="checkbox"/> | Badging                                       |
| <input type="checkbox"/> | Other: _____                                  |

| Medical Certification/License |                                  |
|-------------------------------|----------------------------------|
| <input type="checkbox"/>      | EMT                              |
| <input type="checkbox"/>      | Certified Nursing Assistant      |
| <input type="checkbox"/>      | Licensed Practical Nurse         |
| <input type="checkbox"/>      | Registered Nurse                 |
| <input type="checkbox"/>      | Physician                        |
| <input type="checkbox"/>      | Pharmacist                       |
| <input type="checkbox"/>      | Pharmacy Technician              |
| <input type="checkbox"/>      | Advanced Reg. Nurse Practitioner |
| <input type="checkbox"/>      | Physician Assistant              |
| <input type="checkbox"/>      | Dentist                          |
| <input type="checkbox"/>      | Veterinarian                     |
| Services                      |                                  |
| <input type="checkbox"/>      | Animal Care                      |
| <input type="checkbox"/>      | Animal Rescue                    |
| <input type="checkbox"/>      | Auto Repair/Towing               |
| <input type="checkbox"/>      | Child Care                       |
| <input type="checkbox"/>      | Elderly/Disabled                 |
| <input type="checkbox"/>      | Preparing or delivering food     |
| <input type="checkbox"/>      | Runner (supplies)                |
| <input type="checkbox"/>      | Search and Rescue                |
| <input type="checkbox"/>      | Traffic Control                  |
| <input type="checkbox"/>      | Other: _____                     |
| Labor                         |                                  |
| <input type="checkbox"/>      | Clean Up                         |
| <input type="checkbox"/>      | Loading/Shipping                 |
| <input type="checkbox"/>      | Sorting/Packing                  |
| <input type="checkbox"/>      | Supervisor                       |
| <input type="checkbox"/>      | Fill Sandbags                    |
| <input type="checkbox"/>      | Other: _____                     |

| Equipment                |   |
|--------------------------|---|
| <input type="checkbox"/> | Forklift  |
| <input type="checkbox"/> | Bulldozer   |
| <input type="checkbox"/> | Backhoe   |
| <input type="checkbox"/> | Generator   |
| <input type="checkbox"/> | Tractor   |
| <input type="checkbox"/> | Trailer   |
| <input type="checkbox"/> | Other: _____                                      |
| Transportation           |   |
| <input type="checkbox"/> | Car   |
| <input type="checkbox"/> | Commercial Driver License                         |
| <input type="checkbox"/> | Station Wagon                                     |
| <input type="checkbox"/> | Truck   |
| <input type="checkbox"/> | Truck 4 Wheel Drive                               |
| <input type="checkbox"/> | SUV 4 Wheel Drive                                 |
| Training                 |   |
| <input type="checkbox"/> | Incident Command System ISC 100                   |
| <input type="checkbox"/> | Incident Command System ISC 200                   |
| <input type="checkbox"/> | Incident Command System ISC 300                   |
| <input type="checkbox"/> | Incident Command System ISC 400                   |
| <input type="checkbox"/> | Incident Command System ISC 700                   |
| <input type="checkbox"/> | Mass Dispensing                                   |
| <input type="checkbox"/> | Community Emergency Response Response Team (CERT) |
| <input type="checkbox"/> | Crime Watch                                       |
| <input type="checkbox"/> | Other: _____                                      |

**Any skills not mentioned above that could be helpful during an emergency response event?**

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