

Disaster Reservist Demographic Information

Name: _____ Date: _____

1. Are you involved with any other organizations (CERT, American Red Cross, Volunteer agencies, etc.)? If so, please list them.

2. Do you speak any other language(s) (including sign language)? If so, please list them.

3. Do you have any specific computer skills? If so, please list them.

4. Do you have any other experience or skills that you feel we should know about (Management, First Aid, etc.)? If so, please list them.

5. Please list the name, number, and relationship of an emergency contact.

6. How did you learn about the Disaster Reservist program?
