



Date Application Submitted:

DISASTER WORKER PROFILE & REGISTRATION FORM

THIS FORM is intended to assist in the **RECRUITMENT and MANAGEMENT** of **OFFICERS, EMPLOYEES & VOLUNTEERS** in **EMERGENCY DISASTER SERVICES**.

General Information	Last Name		First	Middle	Gender	
	Mailing Address		Street	City	State	Zip
	Phone Office	Phone Home	Phone Cellular	Phone Other	E-mail	
	Corps Affiliation	Division Affiliation	Birth Date	Citizenship	Social Security No. (Not Required)	
	Please check the box that best describes your position with The Salvation Army: Employee Salvation Army Officer Volunteer			Do you have a DISASTER TEAM PARTNER you would prefer to work with? Name: Phone: () - - Corps Affiliation: Division Affiliation:		

Emergency & Medical	Physical and Medical Limitations – <i>Note: acknowledging a limitation will simply give the command a proper perspective of location/position in which to place the volunteer. It will not reduce chances of deployment.</i>					
	<input type="checkbox"/> Lifting 50 pounds <input type="checkbox"/> Being on your feet approximately 8 hours a day <input type="checkbox"/> Engaging in service delivery in extreme heat/cold <input type="checkbox"/> Primitive lodging conditions (sleeping bags, cots) <input type="checkbox"/> Assisting emotionally & psychologically injured persons for an extended period of time					
	Emergency Contact Person				Relationship	
	Mailing Address			City	State	Zip
	Phone Office () -	Phone Home () -	Phone Cellular () -	Phone Other () -		

Occupation & Availability	Present Occupation:				
	Past Occupations:				
	Current Volunteer Activity:				
	Please check the box or boxes that describe the type of disaster assignments on which you would be willing to serve:		Normal deployment is 14 days. Would you be able to serve for this time period?	If not, what time period can you serve?	How much notice do you need before being deployed?
	<input type="checkbox"/> Local Disaster Service Assignments <input type="checkbox"/> State/Divisional Disaster Service Assignments <input type="checkbox"/> National Disaster Service Assignments <input type="checkbox"/> International Disaster Service Assignments		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 1 week <input type="checkbox"/> 3 days (local disaster) <input type="checkbox"/> 1 day (local disaster)	<input type="checkbox"/> 24 hours (First Responder) <input type="checkbox"/> 2-3 days <input type="checkbox"/> 1 week <input type="checkbox"/> 1 month
Do you want to be contacted by other Salvation Army programs? Yes No					

**THE SALVATION ARMY
DISASTER WORKER PROFILE & REGISTRATION FORM (Continued)**

Skills	Are you fluent in any language other than English? Yes No	If yes, please list those languages:		
	Are you a licensed amateur radio operator? Yes No	If yes, please list your call sign and certification level:		
	Check the areas of disaster work that interest you or in which you have skills or experience:			
	Administration	Shelter Operations	Communications	Planning
	Finance/Bookkeeping	Food Service/Canteens	Internet Technology	Media/Public Relations
	Volunteer Management	Driver	Vehicle Repair/Maintenance	Liaison
	Casework/Social Services	Warehousing	Security	Pastoral Care
	Donations/Distributions	Supply & Transportation	Safety	Other _____

Training	List any formal disaster training and type of certification received: Introduction to The Salvation Army Emergency Disaster Services
	Other

Vehicle	Driver's License Information			
	Issuing State:	License Number:	Expiration Date:	Classification:
	Do you have a valid certification to operate a forklift? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give expiration date:			

Background	Have you ever been convicted of a felony? Yes No
	Have you been convicted of a misdemeanor within the last two years which resulted in imprisonment/jail? Yes No
	If you answered yes to either question, please explain: <i>Note: A conviction will not necessarily disqualify you from volunteering. Note: The applicant should not disclose any information regarding criminal arrest or conviction records that have been expunged or sealed.</i>

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Yes No	Has the applicant been authorized to drive a Salvation Army vehicle?	
Yes No	Has the applicant signed The Salvation Army's Code of Conduct for Disaster Workers?	
Yes No	Has the applicant signed a Volunteer Release and Waiver of Liability?	
Yes No	Has the applicant been issued a Salvation Army disaster worker photo-identification badge?	
Based on the worker's interests, skills and training, determine a primary and secondary disaster function:		
Primary Function	Secondary Function	