

**EMERGENCY MANAGEMENT DEPARTMENT VOLUNTEER REGISTRATION FORM:**

*This form can be completed and dropped off at the Town Offices. It is also available online at <https://www.jackson-nh.org/emergency-management> .*



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

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

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

- |  |                            |
|--|----------------------------|
| _____ First Aid (current card: Yes___ No___) | _____ Structural Engineer  |
| _____ CPR (current card: Yes___ No___)       | _____ Shelter Management   |
| _____ Triage                                 | _____ Waste Disposal       |
| _____ Construction                           | _____ Recreational Leader  |
| _____ Search & Rescue                        | _____ Physician            |
| _____ Law Enforcement                        | _____ Nurse                |
| _____ Multi-Lingual (Languages: _____)       | _____ Mental Health Worker |
| _____ Food Preparation                       | _____ Other _____          |
| _____ Bus/Truck Driver                       | _____ Other _____          |
| _____ Commercial Driver's License            | _____ Other _____          |
| _____ Ham Radio Operator                     | _____ 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: \_\_\_\_\_ Date: \_\_\_\_\_

***Thank you for your willingness to serve our community!***