

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___)

_____ 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: _____ Date: _____

Thank you for your willingness to serve our community!