



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: <input type="checkbox"/> Employee <input type="checkbox"/> Salvation Army Officer <input type="checkbox"/> 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: <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		Normal deployment is 14 days. Would you be able to serve for this time period? <input type="checkbox"/> Yes <input type="checkbox"/> No	If not, what time period can you serve? <input type="checkbox"/> 1 week <input type="checkbox"/> 3 days (local disaster) <input type="checkbox"/> 1 day (local disaster)
Do you want to be contacted by other Salvation Army programs? <input type="checkbox"/> Yes <input type="checkbox"/> No				

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

Skills	Are you fluent in any language other than English? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please list those languages:		
	Are you a licensed amateur radio operator? <input type="checkbox"/> Yes <input type="checkbox"/> 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:			
<input type="checkbox"/> Administration <input type="checkbox"/> Shelter Operations <input type="checkbox"/> Communications <input type="checkbox"/> Planning <input type="checkbox"/> Finance/Bookkeeping <input type="checkbox"/> Food Service/Canteens <input type="checkbox"/> Internet Technology <input type="checkbox"/> Media/Public Relations <input type="checkbox"/> Volunteer Management <input type="checkbox"/> Driver <input type="checkbox"/> Vehicle Repair/Maintenance <input type="checkbox"/> Liaison <input type="checkbox"/> Casework/Social Services <input type="checkbox"/> Warehousing <input type="checkbox"/> Security <input type="checkbox"/> Pastoral Care <input type="checkbox"/> Donations/Distributions <input type="checkbox"/> Supply & Transportation <input type="checkbox"/> Safety <input type="checkbox"/> Other _____				

Training	List any formal disaster training and type of certification received:
	<input type="checkbox"/> Introduction to The Salvation Army Emergency Disaster Services <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Have you been convicted of a misdemeanor within the last two years which resulted in imprisonment/jail? <input type="checkbox"/> Yes <input type="checkbox"/> No
	If you answered yes to either question, please explain:
<i>Note: A conviction will not necessarily disqualify you from volunteering.</i> <i>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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<input type="checkbox"/> Yes <input type="checkbox"/> No	Has the applicant been authorized to drive a Salvation Army vehicle?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Has the applicant signed The Salvation Army's Code of Conduct for Disaster Workers?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Has the applicant signed a Volunteer Release and Waiver of Liability?
<input type="checkbox"/> Yes <input type="checkbox"/> 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