



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"/> Advisory Board Member <input type="checkbox"/> Employee (Hourly) <input type="checkbox"/> Employee (Exempt) <input type="checkbox"/> Salvation Army Officer <input type="checkbox"/> Salvation Army Officer (Retired) <input type="checkbox"/> Volunteer			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  (Note: a conviction will not necessarily disqualify you for volunteering. The applicant should not disclose any information regarding criminal arrest or conviction records that have been expunged or sealed.) Explain:			

Emergency & Medical	Do you have any medical or health-related issues which might affect or limit your performance as a disaster worker: <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, please describe:		
	Emergency Contact Person		Last Name	First	Middle
			Relationship		
	Mailing Address		Street	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 which type of disaster assignments you would be willing to serve on:  <input type="checkbox"/> Local Disaster Service Assignments <input type="checkbox"/> Divisional Disaster Service Assignments <input type="checkbox"/> National Disaster Service Assignments <input type="checkbox"/> International Disaster Service Assignments

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

<b>Skills</b>	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"/> Administrative / Secretarial <input type="checkbox"/> Food Service / Canteens <input type="checkbox"/> Medical (RN) <input type="checkbox"/> Supply <input type="checkbox"/> Casework / Social Services <input type="checkbox"/> Liaison <input type="checkbox"/> Medical (Other) <input type="checkbox"/> Transportation <input type="checkbox"/> Communications <input type="checkbox"/> Media Relations <input type="checkbox"/> Pastoral Care <input type="checkbox"/> Vehicle Repair / Maintenance <input type="checkbox"/> Computer Programming <input type="checkbox"/> Medical (EMT) <input type="checkbox"/> Personnel Management <input type="checkbox"/> Volunteer Management <input type="checkbox"/> Donations Distribution <input type="checkbox"/> Medical (LPN) <input type="checkbox"/> Shelter Operations <input type="checkbox"/> Warehousing		

<b>Training</b>	List any formal disaster training or disaster experience you may have. List by name any courses or programs you have received certification in:

<b>Vehicle Qualification</b>	<b>Drivers License Information</b>			
	Issuing State	License #	Expiration Date	Classification
	Identify any vehicles AVAILABLE (A) for use, or which you are QUALIFIED (Q) to operate (Enter "A" and/or "Q"):			
<input type="checkbox"/> Car <input type="checkbox"/> Motorcycle <input type="checkbox"/> Mini-Van / SUV <input type="checkbox"/> Maxi-Van (15+) <input type="checkbox"/> Bus <input type="checkbox"/> ATV <input type="checkbox"/> Forklift <input type="checkbox"/> Box Truck (24' or less') <input type="checkbox"/> Tractor Trailer Truck (Describe) _____ <input type="checkbox"/> Camper / RV (Describe) _____ <input type="checkbox"/> Other (Describe) _____				

Do you have a DISASTER TEAM PARTNER you would prefer to work with?
Name: _____ Phone: _____
Corps Affiliation: _____ Division Affiliation: _____

<b>FOR OFFICIAL USE ONLY</b>	
<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 been 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:	
<b>Primary Function</b>	<b>Secondary Function</b>