



## Emergency Management VOLUNTEER REGISTRATION FORM

<b>Name</b>	
<b>Address</b>	
<b>Home Phone #</b> <input type="checkbox"/>	
<b>Work Phone #</b> <input type="checkbox"/>	
<b>Cell Phone #</b> <input type="checkbox"/>	
<b>Email Address</b> <input type="checkbox"/>	
<i>Please check the box next to your preferred method of contact above</i>	
<b>Who to contact in case of an Emergency?</b>	

**Are you willing to do some on-line training?**  YES  NO

**In an Emergency what areas would you like to work:**

- At the Emergency Operations Centre       At a Registration Centre  
 At a Warming or Evacuation Centre       Other (i.e. Sandbagging, Answering Phones, Serving  
 food, Transportation) \_\_\_\_\_

**Skills/Experience:**  Computers  Accounting  Police, Fire or EMS  Public Information

Social Services  Military  Trade  General Office  Medical

Other: \_\_\_\_\_

**Your Availability:** \_\_\_\_\_

**For RM MEC only:** Position Assigned: \_\_\_\_\_  
 Course Name: \_\_\_\_\_ Loaded: \_\_\_\_\_ Complete Date: \_\_\_\_\_

Email to: [emo@rmalexander.com](mailto:emo@rmalexander.com)