

WITNESS, MERCY, LIFE TOGETHER.

In Christ, for the Church and the World

Lutheran Early Response Team Individual Volunteer Intake Form

You do NOT have to fill out this entire form if you feel uncomfortable. This data is only used by our office if you ever go into a disaster scene to assist with relief efforts. Provide ONLY that information which you are comfortable in disclosing.

Date:	Home Church/City:		
Volunteer's Full Name:			
		Email:	
County:		-	
Phone (Include Area Code	2):	Cell:	
Emergency contact inform	nation:		
Name:	Phone:	Relation:	
Other Contact:		_Phone <u>:</u>	
Gender: □ Adult male		Birthdate/	
☐ I have previous disaster	experience (where)	· · · · · · · · · · · · · · · · · · ·	
☐ I also speak			
certifications you may have	e below.	npletion and give to your ins	

To use your time and talents to the greatest benefit while you are volunteering, please indicate which of the following skills you can offer.

Skill	Skill Level
Architect	Contractor
Carpenter	I hold a license in the state of
Chain saw certified Child Care	Electrician I hold a license in the state of
Clean up worker	I floid a fiectise in the state of
Concrete finisher Construction Drywall hanger	Plumber I hold a license in the in the state of
Drywall finisher Engineer Flooring	Other
Food service worker Framing worker	I hold a license in the in the state of
HVAC specialist Heavy equipment operator	Other
Insulation installer Mason	I hold a license in the in the state of
Mechanic Painter	
Prayer Roofer Transportation	40 REVER
Welder Other	

Other_____

Other____