



Disaster Volunteer Resource Center



How To Enlist

Sign on in advance to help in times of disaster. Tell us how to get in touch with you:

Name:

Date of Birth:

Address:

City:

State:

NE

Zip:

Phone Day:

Fax:

Phone Evening:

Cell:

E-mail:

Place of Employment:



Skills / Profession / Areas of Interest

(Check appropriate categories and any special skills for category)

Note: If license/certification is required, you must provide it upon request.

Administration/Supervision

Food Service

Animal Care

Food Preparation

Animal Rescue

Food Management

CDL

Other _____

Bus Driver

General Office Skills

Trucker

Heavy Equipment Operator

Child Care

Fork Lift

Communications

Other _____

Ham Radio/CB Radio

Languages

Cellular

Spanish

Phones

(Speak Read Understand)

Other _____

Computer Skills

Sign

Computer Operation

Other _____

Computer

Law Enforcement

Repair/Installation

Mechanical Ability

Data Entry

Other _____

- Construction/Repair
 - Home Repair
 - Welding
 - Other _____
- Counseling
 - School Counselor
 - Clergy
 - Licensed Mental Health
 - Practitioner
 - Psychiatrist
 - Psychological First-Aid
 - Other _____
- Damage Assessment
- Debris Removal/Clean-Up
- Driving
- EMT/Fire & Rescue
- Farmer
- Guiding Traffic
- Medical/Veterinary
 - Dentist
 - Lab Tech/MT
 - Physician
 - NP
 - PA
 - Technician
 - Other _____
 - Paramedic
 - LPN
 - RN
 - Veterinarian
 - X-Ray
- Missing Person Search
- Mortuary Service
- Security Experience
- Shelter Services
- Seniors
 - Disabled
 - Other _____
- Teacher
- Waste Disposal
- Other _____

I prefer to be: Inactive (prepared for service only in an emergency or disaster)
 Active (leader, United Way, Chamber of Commerce, community health initiatives)

In What Counties Would You Be Available to Volunteer:

- Scotts Bluff
- Box Butte
- Dawes
- Garden
- Morrill
- Sioux
- Banner
- Cheyenne
- Deuel
- Kimball
- Sheridan
- Any Nebr. County

Are you currently in good health: Yes No

I hereby make application to become a disaster response volunteer in the area. I also hereby give permission for this information to be shared exclusively between the United Way of Western Nebraska, Scotts Bluff County Health Department, Panhandle Public Health District, Scotts Bluff County Emergency Management, and the North Platte Valley Chapter of the American Red Cross.

Signature: _____ Date: _____

I WOULD BE INTERESTED IN VOLUNTEERING FOR THESE CURRENT SERVICES:

- DELIVERING MEALS ON WHEELS – 11:15-12:00 – MON. thru FRI. on days at your convenience.
- SHOPPING FOR SENIORS – 8:00 a.m. to 10:30 a.m. – TUESDAY MORNINGS at your convenience.
- YOUTH SERVICES – Examples: Mentoring, Buckboard Therapeutic Riding, Scout Leaders

Submit to: Scottsbluff Volunteer Center
 115 Railway St.
 Scottsbluff, NE 69361
 308-632-3736