

# Southeast Nebraska Disaster Volunteer Program

For Additional Information:

(402) 441-4358

Please Return Form to:

Region V Systems

Attn: Theresa Gomez

Name: First			Middle			Last			Date / /			
Street Address (Include Apartment #)						City		State	Zip		County	
Mailing Address (If different from street address above, please include City, State, and zip code)							Home Phone ( ) -			Mobile Phone ( ) -		
Fax ( ) -		Email Address					Ethnic Group (Optional): <input type="checkbox"/> African American <input type="checkbox"/> White <input type="checkbox"/> Hispanic <input type="checkbox"/> American Indian/ Alaskan Native <input type="checkbox"/> Asian/ Pacific Islander <input type="checkbox"/> Other					
Occupation:				Place of Employment:								
Work Phone ( ) -		Date of Birth / /		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female								

1645 N Street, Suite A  
Lincoln, NE 68508

Fax: 402-441-4335

**Personal Information (Please Print):**

(The above information may be used to conduct a background check. Your information will be kept confidential.)

**Counties Willing to Serve:**

<input type="checkbox"/> All	<input type="checkbox"/> Fillmore	<input type="checkbox"/> Johnson	<input type="checkbox"/> Otoe	<input type="checkbox"/> Richardson	<input type="checkbox"/> Seward	<input type="checkbox"/> Other:
<input type="checkbox"/> Butler	<input type="checkbox"/> Gage	<input type="checkbox"/> Lancaster	<input type="checkbox"/> Pawnee	<input type="checkbox"/> Saline	<input type="checkbox"/> Thayer	_____
<input type="checkbox"/> Cass	<input type="checkbox"/> Jefferson	<input type="checkbox"/> Nemaha	<input type="checkbox"/> Polk	<input type="checkbox"/> Saunders	<input type="checkbox"/> York	_____

**Emergency Volunteer Center (EVC) Roles:** Each county, depending on the scale of a disaster, may set up an EVC to process additional volunteers. Please mark **ANY** roles in which you are willing to work at an EVC.

<input type="checkbox"/> <b>Data Entry</b> - Enter volunteer registration and agency requests for volunteers in database and create reports as needed. <input type="checkbox"/> <b>Greeter</b> - Greet volunteers, oversee registration paperwork and answer questions related to paperwork, manage waiting volunteers. <input type="checkbox"/> <b>Identification Staff</b> - Supply volunteers with identification badges. <input type="checkbox"/> <b>Interviewer</b> - Discuss completed registration forms with volunteers, determine their skills, interests and abilities, assign to appropriate positions. <input type="checkbox"/> <b>Phone Bank Staff</b> - Respond to requests for and from volunteers. <input type="checkbox"/> <b>Safety Orientation</b> - Provide new volunteers with a prepared safety orientation, as well as update them on current emergency activities. <input type="checkbox"/> <b>Runner</b> - Keep stations supplied, carry information from station to station, and escort volunteers to various stations.
---

**Volunteer Skills: Please check all that apply.**

<input type="checkbox"/> Amateur Radio Operator <input type="checkbox"/> Bus/Truck Driver- Is your CDL license current? ___yes ___ no <input type="checkbox"/> CPR - Is your CPR Card Current? ___ yes ___ no <input type="checkbox"/> Emergency Communications <input type="checkbox"/> First Aid - Is your First Aid Card current? ___ yes ___ no	<input type="checkbox"/> Animal Care / Rescue <input type="checkbox"/> Basic Clean-up Skills <input type="checkbox"/> Child Care <input type="checkbox"/> Data Entry <input type="checkbox"/> Computer Skills <input type="checkbox"/> Construction <input type="checkbox"/> Food Preparation <input type="checkbox"/> Heavy Equipment Operation	<input type="checkbox"/> Interpreter Skills Language (s): _____ <input type="checkbox"/> Law Enforcement <input type="checkbox"/> Security <input type="checkbox"/> Translation Skills Language (s): _____ <input type="checkbox"/> Clergy <input type="checkbox"/> Other: _____
---	---	---

<input type="checkbox"/> Administration/ Office Skills	<input type="checkbox"/> Mechanical Ability	_____
--	---	-------

General Skills:

**Volunteer Skills Continued: Please check all that apply.**

Nebraska Licenses or Certifications: Please check all that apply.

<p><b>Alcohol and Drug Counselor</b></p> <p><input type="checkbox"/> <i>Alcohol and Drug Counselor</i></p> <p><input type="checkbox"/> <i>Provisional Alcohol and Drug Counselor</i></p> <p><b>Mental Health Practice</b></p> <p><input type="checkbox"/> <i>Independent Mental Health Practitioner</i></p> <p><input type="checkbox"/> <i>Marriage &amp; Family Therapist</i></p> <p><input type="checkbox"/> <i>Master Social Worker</i></p> <p><input type="checkbox"/> <i>Certified Master Social Worker-CMSW</i></p> <p><input type="checkbox"/> <i>Mental Health Practitioner</i></p> <p><input type="checkbox"/> <i>Professional Counselor</i></p> <p><input type="checkbox"/> <i>Provisional Master Social Worker</i></p> <p><input type="checkbox"/> <i>Provisional Mental Health Practitioner</i></p> <p><input type="checkbox"/> <i>Social Worker</i></p> <p><input type="checkbox"/> <i>Supervised Marriage &amp; Family Therapist</i></p> <p><b>Psychology</b></p> <p><input type="checkbox"/> <i>Provisionally Licensed Psychologist</i></p> <p><input type="checkbox"/> <i>Psychological Assistant</i></p> <p><input type="checkbox"/> <i>Psychologist</i></p> <p><input type="checkbox"/> <i>Psychologist Associate</i></p> <p><b>Dentistry</b></p> <p><input type="checkbox"/> Dental hygienist</p> <p><input type="checkbox"/> Dentist</p>	<p><b>Emergency Medical Care</b></p> <p><input type="checkbox"/> Advanced EMT</p> <p><input type="checkbox"/> Emergency Medical Responder</p> <p><input type="checkbox"/> EMT</p> <p><input type="checkbox"/> EMT Instructor</p> <p><input type="checkbox"/> First Responder</p> <p><input type="checkbox"/> Paramedic</p> <p><b>Massage Therapy</b></p> <p><input type="checkbox"/> Massage Therapist</p> <p><b>Medicine</b></p> <p><input type="checkbox"/> Osteopathic Physician &amp; Surgeon</p> <p><input type="checkbox"/> Physician</p> <p><input type="checkbox"/> Physician Assistant</p> <p><b>Nursing</b></p> <p><input type="checkbox"/> APRN- Certified Nurse Midwife</p> <p><input type="checkbox"/> APRN- Clinical Nurse Specialist</p> <p><input type="checkbox"/> APRN- CRNA</p> <p><input type="checkbox"/> APRN- Nurse Practitioner</p> <p><input type="checkbox"/> APRN- Nurse Practitioner/Practice</p> <p><input type="checkbox"/> Certified Licensed Practical Nurse</p> <p><input type="checkbox"/> Licensed Practical Nurse</p> <p><input type="checkbox"/> Registered Nurse</p>	<p><b>Nursing Support</b></p> <p><input type="checkbox"/> Medication Aid</p> <p><input type="checkbox"/> Medication Aid- 20 Hour</p> <p><input type="checkbox"/> Medication Aid- 40 Hour</p> <p><input type="checkbox"/> Nurse Aid</p> <p><input type="checkbox"/> Nurse Aid ICF-MR Only</p> <p><b>Pharmacy</b></p> <p><input type="checkbox"/> Pharmacist</p> <p><input type="checkbox"/> Pharmacist Intern</p> <p><input type="checkbox"/> Pharmacy Technician</p> <p><b>Physical Therapy</b></p> <p><input type="checkbox"/> Physical Therapist</p> <p><b>Veterinary Medicine</b></p> <p><input type="checkbox"/> Temporary Veterinarian</p> <p><input type="checkbox"/> Veterinarian</p> <p><input type="checkbox"/> Veterinary Technician</p> <p><b>Early Childhood</b></p> <p><input type="checkbox"/> Family Child Care Home I</p> <p><input type="checkbox"/> Provisional Child Care Home I</p> <p><input type="checkbox"/> Family Child Care Home II</p> <p><input type="checkbox"/> Provisional Child Care Home II</p> <p><input type="checkbox"/> Other: _____</p>
--	--	---

\* Please note that we will verify applicable License(s) via HHSS website. You may attach a copy now if you would like. \*

Has your professional license ever been suspended, revoked, or disciplined?

<input type="checkbox"/> No	<input type="checkbox"/> Yes Please Explain: _____
-----------------------------	--

Are you board certified?     Yes     No    Do you have prescriptive authority?     Yes     No

**Training: Please check all that apply.**

Disaster Related Training/Experience and Date:

<input type="checkbox"/> <i>Nebraska Psychological First Aid</i> Date: _____	<input type="checkbox"/> National Incident Management System (NIMS)    IS: _____ Date: _____    IS: _____ Date: _____
<input type="checkbox"/> <i>Critical Incident Stress Management Basic (CISM)</i> Date: _____	<input type="checkbox"/> Advanced Disaster Life Support    Date: _____
<input type="checkbox"/> <i>Critical Incident Stress Management Advanced</i> Date: _____	<input type="checkbox"/> Basic Disaster Live Support    Date: _____
<input type="checkbox"/> <i>American Red Cross Disaster Mental Health</i> Date: _____	<input type="checkbox"/> Emergency Volunteer Center (EVC)    Date: _____
<input type="checkbox"/> <i>FEMA Crisis Counseling Grant</i> Date: _____	<input type="checkbox"/> Other _____    Date: _____
<input type="checkbox"/> Community Emergency Response Team (CERT)    Date: _____	

**Have you ever been convicted of a felony (not traffic violations)?**

<input type="checkbox"/> No	<input type="checkbox"/> Yes- Please explain, including dates: _____
-----------------------------	--

--	--

**Emergency Contact:**

Name:		Relationship:		Home Phone: (    )    -	
Mobile Phone: (    )    -	Address:	City	State	Zip	

**Based on qualifications, would you be interested in being part of the Medical Reserve Corps? If you check yes, we will provide your local Medical Reserve Corp with your application.**       Yes       No

How did you learn about this volunteer opportunity? \_\_\_\_\_

Any other information we need to know? \_\_\_\_\_

**Release of Information:**

*I hereby certify to the best of my knowledge, the information I have provided is accurate. I am providing my contact information to be part of a confidential database called Southeast Nebraska Disaster Volunteer Database, maintained by Region V Systems. This database is a collaborative effort of public health departments, Region V Systems, and Emergency Management; and will be used in the event of a disaster and/or to promote community preparedness. I acknowledge that public health departments, Region V Systems, and/or Emergency Management may need to contact me periodically to maintain the accuracy of this information, inform me of training opportunities, or to test their communication plan's effectiveness. I authorize all of the above-mentioned entities to contact me or my emergency contact listed above, utilizing any or all of these methods, and I agree to release all of the above-named entities from liability arising from any volunteer service I may perform. I also authorize any of the entities mentioned above to conduct a background check on me with the information I have provided above.*

  
  

Signature	Date
Parent or Guardian Signature if under 19	Date

**Thank you for your assistance in this community-wide preparedness effort!!**

This Disaster Responder recruitment is done in partnership with:

