

Today's Date

Contact Information

Volunteer Name	[PRINT]		
Street Address			
Town, State Zip			
Cell Phone		Home Phone	
Email Address 1		Email Address 2	
Employer		Work Phone	
Employer Town		Position	

About You

I AM OVER THE AGE OF 18 ☐Have you ever been convicted of a crime that has not been annulled by a court of law? ☐ Yes ☐ NoAre you volunteering as a court-mandated community service or for school or other requirements? ☐ Yes ☐ No

Please explain why you are interested in volunteering for the Town of Salisbury during an emergency.

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If you are volunteering on behalf of a service organization, such as a church, shelter, or club, indicate which:

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Please explain your previous volunteer experience.

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Availability

During which hours are you available for volunteer assignments?

<input type="checkbox"/>	Weekday mornings	<input type="checkbox"/>	Weekend mornings
<input type="checkbox"/>	Weekday afternoons	<input type="checkbox"/>	Weekend afternoons
<input type="checkbox"/>	Weekday evenings	<input type="checkbox"/>	Weekend evenings
<input type="checkbox"/>	Other times (explain):		

Expertise and Training

Check any of the following in which you have expertise and/or training. Add more below at the bottom as needed.

	Expertise	List current training, certifications, licenses, dates, etc:
<input type="checkbox"/>	First Aid	
<input type="checkbox"/>	CPR	
<input type="checkbox"/>	Triage	
<input type="checkbox"/>	Construction	
<input type="checkbox"/>	Search and Rescue	
<input type="checkbox"/>	Law Enforcement	
<input type="checkbox"/>	Multi-Lingual Languages:	
<input type="checkbox"/>	Organization / Admin Support	
<input type="checkbox"/>	Food Preparation	
<input type="checkbox"/>	Bus/Truck Driver	
<input type="checkbox"/>	Commercial Driver's License	
<input type="checkbox"/>	Equipment Operator	
<input type="checkbox"/>	Ham Radio Operator	
<input type="checkbox"/>	Mental Health Worker	
<input type="checkbox"/>	Law	
<input type="checkbox"/>	Teacher	
<input type="checkbox"/>	Child Care	
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		

Special Skills or Interests

Indicate any special skills interests you have that could be beneficial to emergency response and recovery. Examples could include hiking/mountaineering, biking, taking care of children, mapping, gardening, research, outreach, social media, technology, and much more.

Special Skill or Interest	Special Skill or Interest

Equipment and Materials

Do you own or have rightful access to equipment or materials which could be used in an emergency? If yes, list.

Materials/Equipment Type	Location

References

Name	Address	Phone	Reference for Which Noted Skill?

Person to Notify in Case of Emergency

Volunteer Name			
Street Address			
Town, State Zip			
Cell Phone		Home Phone	
Email Address 1		Email Address 2	

Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Print:	Date

By completing and signing this form, you are giving the Town of Salisbury permission to review your personal information, contact your references, and accept or deny your Volunteer Application. If your Application is accepted, you will be contacted with further instructions. Thank you for contributing to your community!

For more information, contact : _____

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For Town Use Only

Reviewed By	Date	Notes

Permission for Volunteer ☐ Granted ☐ Denied

Signature

Print:	Date
Town Title:	