

DISASTER PREPAREDNESS SPECIAL TALENTS

About You

Name	_____	Home Phone	_____
Address	_____	Work Phone	_____
City, State, ZIP	_____	Cell Phone	_____
E-mail	_____	E-mail	_____
Other Ways I can be contacted during non-working hours: _____			

Office Machines I can operate:

Professional License (s) Held:

Languages (spoken and/or written)

- Spanish
- American Sign-Language
- Other

Driver's License(s)

- Regular
- Commercial
- Motorcycle
- Other

Red Cross Classes I've Taken

- First Aid
- Damage Assessment
- Crisis Intervention
- CPR Certificate
 - Expiration date _____
- Other _____

Unique Work Experience and/or Training:

- Hotline
- Organized Volunteers
- Grief Training
- Medical/Trauma
- De-briefing
- Prior Disaster Experience
- Child Therapy
- Journalism/Media
- Grant Writing
- Police
- Fire
- CERT Training _____
- Electrical
- Carpentry
- Other _____

ADDITIONAL COMMENTS

Thank you for your participation!