

**VOLUNTEER REGISTRATION FORM TOWN OF LYME 2016**

**Name of Volunteer:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone(s):** \_\_\_\_\_

**E-Mail** \_\_\_\_\_

**Please check any of the following in which you have expertise or training.**

- |   |   |
|---|---|
| <input type="checkbox"/> Typing                                   | <input type="checkbox"/> Computer           |
| <input type="checkbox"/> Construction                             | <input type="checkbox"/> Food Preparation   |
| <input type="checkbox"/> Search and Rescue                        | <input type="checkbox"/> Bus/Truck Driver   |
| <input type="checkbox"/> Commercial Driver's License              | <input type="checkbox"/> Ham Radio Operator |
| <input type="checkbox"/> Mental Health Worker                     | <input type="checkbox"/> Law Enforcement    |
| <input type="checkbox"/> Heavy Machinery                          | <input type="checkbox"/> Triage             |
| <input type="checkbox"/> Multilingual (Languages: _____)          |   |
| <input type="checkbox"/> First Aid (Current card Yes: ___ No ___) |   |
| <input type="checkbox"/> CPR (Current card Yes: ___ No ___)       |   |

**Other:** \_\_\_\_\_

**Do you have equipment or access to equipment or materials that could be used in an emergency?**

- |   |  |
|---|--|
| <input type="checkbox"/> Generator-portable | <input type="checkbox"/> Tractor (Farm)      |
| <input type="checkbox"/> Chain saws         | <input type="checkbox"/> Snow mobile         |
| <input type="checkbox"/> Back hoe           | <input type="checkbox"/> All terrain vehicle |

**Other:** \_\_\_\_\_

**Special interests:** \_\_\_\_\_

**Would you be interested in emergency volunteer training e.g shelter management, runner, accounting, traffic control**

**Yes** \_\_\_\_\_ **No** \_\_\_\_\_