



# INDIVIDUAL ASSESSMENT SURVEY FOR DISASTER SERVICE VOLUNTEERS

**Note: Please provide the following information ONLY if you would be willing to volunteer in an emergency to support Mass Care Shelters in El Dorado County**

\*\*Check all that apply

Skills		Disaster Related Training		Business/Personal Resources	
<input type="checkbox"/>	Medical Note: If checked, you will be contacted for additional information	<input type="checkbox"/>	Professional Explain: _____	<input type="checkbox"/>	4WD Vehicles (OHV)
<input type="checkbox"/>	Cooking/Serving	<input type="checkbox"/>	Lay/No. of Years: _____	<input type="checkbox"/>	Trailers
<input type="checkbox"/>	Construction: Set Up / Tear Down	<input type="checkbox"/>	Incident Command System (ICS)	<input type="checkbox"/>	Tractors
<input type="checkbox"/>	Communications / Radio Operations	<input type="checkbox"/>	Red Cross Shelter Management	<input type="checkbox"/>	Ham Radios
<input type="checkbox"/>	Administration / Computer Skills	<input type="checkbox"/>	Languages (other than English) Spoken Fluently	<input type="checkbox"/>	Generators
<input type="checkbox"/>	Counseling / Special People Skills	<input type="checkbox"/>	Sign	<input type="checkbox"/>	Laptop
<input type="checkbox"/>	Assembling Emergency Kits	<input type="checkbox"/>	Spanish	<input type="checkbox"/>	Hand Tools
<input type="checkbox"/>	Entertainment	<input type="checkbox"/>	French	<input type="checkbox"/>	<b>FILL IN ANYTHING YOU THINK MAY BE HELPFUL IN A DISASTER</b>
<input type="checkbox"/>	Children's Services	<input type="checkbox"/>	Russian	<input type="checkbox"/>	
<input type="checkbox"/>	Animal Handling	<input type="checkbox"/>	Other: _____	<input type="checkbox"/>	
<input type="checkbox"/>	Other: _____			<input type="checkbox"/>	

**PLEASE MAKE SURE THIS FORM IS FILLED OUT COMPLETELY & LEGIBLY. ANY INFORMATION WE OBTAIN WILL BE USED FOR THE PURPOSES OF OES DISASTER MANAGEMENT ONLY AND IS CONFIDENTIAL.**

Name: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_