TOWN OF LANCASTER - New Hampshire

"The Friendly Town in the Friendly State"

VOLUNTEER REGISTRATION

Name: _________________________________ Date: ________________

Address: _______________________________ Contact Number: ________________

PLEASE CHECK ANY OF THE FOLLOWING IN WHICH YOU HAVE EXPERIENCE AND TRAINING

___ First Aid (current card: Yes___ No___) ____ Structural Engineer
___ CPR (current card: Yes___ No___) ____ Shelter Management
___ Triage ____ Waste Disposal
___ Construction ____ Recreational Leader
___ Search & Rescue ____ Physician
___ Law Enforcement ____ Nurse
___ Multi-Lingual (Languages: ____________) ____ Mental Health Worker
___ Food Preparation ___ Other: __________________________
___ Bus/Truck Driver ___ Other: __________________________
___ Commercial Driver's License ___ Other: __________________________
___ Ham Radio Operator ___ Other: __________________________

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

Yes: ____ No: ____

Please list equipment and materials

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Special Interests

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Availability

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Signature: ___________________________ Date: ___________________________