



Relief Services Volunteer Registration

Date: _____

Name: (first) _____ (last) _____ (middle Initial) _____

Address: _____ Town: _____ State _____ Zip Code _____

Phone: _____ Email: _____

Skills: _____

Volunteering Preference: _____

Availability:

Days: Sunday Monday Tuesday Wednesday Thursday
 Friday Saturday

Time: _____ AM _____ PM to _____ AM _____ PM

I am able to: Lift and carry Drive a vehicle Make telephone calls

Translate: Language _____

Make deliveries Fill out forms

Use Computers and software Navigate the internet

Other _____

The information I have supplied is correct to the best of my knowledge and I am following all health precautions as outlined by the Center for Disease Control (CDC) and the precautionary procedures of organization(s) to which I am assigned:

Signature _____

Assignment:

Organization: _____

Individual: _____

Address: _____

Phone: _____

Please return this form to volunteerprograms@helplinehc.org with the subject line "Relief Services".