

FIRST IN ACTION TEAM

PLEASE PRINT

Name _____

Primary Phone _____

Email _____

Birthdate _____

Skills/Abilities

(Check all that apply and explain if necessary)

Medical (please specify) _____

First Aid Certified

CPR Certified

Childcare

Food Preparation

Phone

Public Relations

Cleaning

Counseling

Organization

Driving

Driving (CDL)

Chainsaw

Skilled Trades (please list) _____

Leadership

Other _____

Please list any vehicles/RVs you would be willing to use on a particular relief effort:

Availability

(Please check all that apply)

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

Sunday

One-day trips only

Overnight trips