



GRAN PARADISO COMMUNITY EMERGENCY RESPONSE TEAM
VOLUNTEER INFORMATION FORM

Date: _____ Zone/Subdivision: _____

Name: _____

Address: _____

Phone #: _____ Cell Phone #: _____

E-Mail Address: _____

Residency: _____ Full Time _____ Seasonal Which Months? _____

Do you own any of the following: (Mark X for all that apply)

_____ Golf Cart	_____ Chain Saw	_____ Chains and/or Ropes
_____ Pry Bar	_____ Come Along Tool	_____ 4 Wheel Drive Vehicle
_____ Two-Way/Ham Radio	_____ Extension Ladders	_____ Motorcycle
_____ Boat/Kayak/Jet Ski	_____ Generator	_____ Bicycle
_____ Drone	Other (Please specify) _____	

Special Skill/Previous Training: (Mark X for all that apply)

_____ Police	_____ Doctor	_____ CPR
_____ Firefighter	_____ Nurse	_____ First Aid
_____ EMT	_____ Other Medical	_____ Web Design
_____ Rescue	_____ Military	Other: _____

Willing to Participate in: (Mark X for all that apply)

_____ Communications Team	_____ Staff Emergency Center	_____ Transport
_____ Access Control Team	_____ Canvas Neighborhood	_____ Purchasing
_____ Damage Assessment Team	_____ Document Activities	_____ Street Captain
Other: _____		