



St Clair County
Homeland Security & Emergency Management

VOLUNTEER INTEREST FORM

Volunteer Availability: Please select all that apply

- Day Evening Weekends 24 hours a day/7 days a week

Training Availability: Please select all that apply

- Day Evening Saturdays

Volunteer Assignment Preference: *(select all that apply to the skill, training or certifications you may have)*

- | | | |
|--|---|---|
| <input type="checkbox"/> Reception Center Worker | <input type="checkbox"/> Mass Feeding - Cook/Worker | <input type="checkbox"/> Office Worker/Data Entry |
| <input type="checkbox"/> Donation Center Worker | <input type="checkbox"/> Lift Truck Operator | <input type="checkbox"/> Public Educator |
| <input type="checkbox"/> Hazmat Worker | <input type="checkbox"/> Health Medical Volunteer | <input type="checkbox"/> Communication Support |
| <input type="checkbox"/> Weather Spotter | <input type="checkbox"/> Community Ready Team | <input type="checkbox"/> Animal Ready Team |

Please list your experience, skill level, certification or training to all areas selected:

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Please list any additional experience you have that might apply to an emergency situation:

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CONTACT INFORMATION:

Name: _____
Phone: _____
Drivers License #: _____
Email: _____
Home Address: _____

Please return completed form by mail to:
St Clair County Office of Homeland Security & Emergency Management
295 N. Airport Dr.
Kimball, MI 48074
810.989.6965

or via email at emergencymanagement@stclaircounty.org