



## Volunteer Registration Form

Title \_\_\_\_\_ First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

County \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Work \_\_\_\_\_ Mobile \_\_\_\_\_

Preferred Email \_\_\_\_\_

Do you have dependable transportation? Yes \_\_\_ No \_\_\_

When will you be able to begin volunteering? \_\_\_\_\_

Statistical Information (Optional):

Gender M\_\_\_ F\_\_\_ Race W\_\_\_ B\_\_\_ H\_\_\_ O\_\_\_ Over 55? \_\_\_

**Areas of Interest (please check all that apply)**

<input type="checkbox"/> Telephone Duty	<input type="checkbox"/> Disaster Education
<input type="checkbox"/> Disaster Preparedness Activities	<input type="checkbox"/> Disaster Clean-up
<input type="checkbox"/> Community Response Teams	<input type="checkbox"/> Administrative
<input type="checkbox"/> Special Equipment	<input type="checkbox"/> Other

**Click on the Email button or Return to: Ms. Kristen Wingenroth, Department of Emergency Management, 230 Market Place Drive, Suite 115, Wilmington, NC 28403.  
Phone: 910-798-6905 or Email: [kwingenroth@nhcgov.com](mailto:kwingenroth@nhcgov.com)**