**VOLUNTEER WORKER REGISTRATION FORM**

* 1. Name

 Social Security Number

* 1. Organization (if appropriate)

 III. Skill or Specialized Service (i.e., carpenter, heavy equipment operator,

 medical technician, etc.)

1. Estimated length of time services can be provided in the disaster area
2. Special tools or equipment required to provide services
3. Billet or emergency shelter assignment in local areas
4. Whether or not the group or individual is self-sufficient with regard to food and clothing