



MANALAPAN MRC-CERT

VOLUNTEER QUESTIONNAIRE

Name _____

Home Address _____

Phone (H) _____ Fax (H) _____ Cell(H) _____

e-mail (H) _____ Nextel(H) _____

Phone (W) _____ Fax (W) _____ Cell (W) _____

e-mail (W) _____ Nextel (W) _____

were you referred by anyone? (y/n) if yes who? _____

Primary Monday - Friday daytime contact points:

Phone _____ Fax _____ Cell _____

e-mail _____ Nextel _____

Specialized Skills (please list and describe experiences/skills)

Medical Background/Credentials _____

Secretarial _____

Mental Health Background/Credentials _____

Computer _____

Managerial _____

Emergency Response _____

Other Specialized Skills _____

Fluent in Foreign Language(s)? If so, what language(s)? (Y/N) _____

Other Skills/Experiences

Home Responsibilities

Do you have children (Y/N) _____

Do you care for an older adult (Y/N) _____

Do you care for someone with disabilities (Y/N) _____

If yes to any of above, are you able to arrange for another person to provide care if you are needed in an emergency (Y/N) _____

Do you have a valid drivers license (Y/N) _____

Do you have a vehicle available to you for own transportation in an emergency (Y/N) _____

Strictly considering home responsibilities, do you have a sense how long you could serve the community in an emergency? I don't know ___ 6 hrs ___ 12 hrs ___ 8 hrs ___ 24 hrs ___ 36 hrs ___ 48 hrs ___ other _____

Work Responsibilities

Do you work (Y/N) _____

What is/was your occupation _____

Employer _____

Work Address _____

Brief description of responsibilities _____

If you currently work, how far away from Manalapan do you work (minutes) _____

Do you rely on public transportation for commute to/from work (Y/N) _____

Can you leave work immediately upon notice, if needed (Y/N) _____

Do you know that your employer will give you leave to attend to a community emergency (Y/N) _____

If no, do you think your employer would be receptive to your discussing this matter with them (Y/N) _____

Strictly considering work, do you have a sense how long you could serve the community in an emergency?

I don't know ___ 1 day ___ 2 days ___ 3 days ___ 5 days ___ 10 days ___ other _____

Personal Issues

Do you have medical conditions that would need attention in the event you are assisting the community?

Are there medications that you would need while assisting the community

Can you verify and take responsibility to have these medications with you (Y/N) _____

Do you have special dietary needs (Y/N) _____ If yes please describe _____

Would you consent to a background check if requested (Y/N) _____

Other

Is there any information you feel is important _____

