Volunteer Sign-Up Form

City of Effingham – Emergency Community Safe Room Operations

Name:

_____

Phone Number:

_____

Email Address:

_____

Emergency Contact Name:

_____

Emergency Contact Phone:

_____

Availability (check all that apply): **Weekdays__ Weekends__ DAY__NIGHT __ANYTIME__**

_____

Medical training or certifications?:

_____

Notes or Comments:

_____

Signature:

_____

Date:

_____