



# Radiological Emergency Volunteer Corps

## 2023 Volunteer Registration Form

Name: \_\_\_\_\_ Birthday (MM/DD/YYYY): \_\_\_\_\_

Address: \_\_\_\_\_

Phones: Cell: \_\_\_\_\_ Work: \_\_\_\_\_

E-mail \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Phones: Cell: \_\_\_\_\_ Work: \_\_\_\_\_

	Yes	No
Are you willing to travel/volunteer outside your home county?	___	___
Are you willing to provide transportation services?	___	___
Do you speak any language(s) other than English?	___	___
If so, which one(s)? _____		
Do you have any allergies/health concerns?	___	___
If yes, please specify: _____		

Blood Type: \_\_\_\_\_

*This will be kept confidential and is collected solely for the purpose of your safety.*

Please check if you have any of the following skills:

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> American Sign Language      | <input type="checkbox"/> First Aid                  | <input type="checkbox"/> Management         |
| <input type="checkbox"/> CPR                         | <input type="checkbox"/> Food Services              | <input type="checkbox"/> Office Management  |
| <input type="checkbox"/> Clerical Work               | <input type="checkbox"/> Foreign Language           | <input type="checkbox"/> Phone Receptionist |
| <input type="checkbox"/> Computer Skills             | <input type="checkbox"/> HAM Radio call sign: _____ | <input type="checkbox"/> Search and Rescue  |
| <input type="checkbox"/> Counseling Skills           | <input type="checkbox"/> Interviewing               | <input type="checkbox"/> Social Work        |
| <input type="checkbox"/> Crowd Management            | <input type="checkbox"/> Inventory Supplies         | <input type="checkbox"/> Transportation     |
| <input type="checkbox"/> Data Entry                  | <input type="checkbox"/> Health Care Professional   | <input type="checkbox"/> Volunteer Coord.   |
| <input type="checkbox"/> Elderly/Disabled Assistance | <input type="checkbox"/> Leadership                 |   |
| <input type="checkbox"/> Fatality Management         | <input type="checkbox"/> Loading/Shipping           |   |

FEMA ICS Classes completed:

\_\_\_ 100

\_\_\_ 200

\_\_\_ 700

\_\_\_ IS-317 or  
NC-317

~Please see reverse~



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**Acknowledgement and Assumption of Risk:** I recognize that the Radiological Emergency Volunteer Corps (REVC) will involve physical labor and may carry a risk of personal injury. I further recognize that there are natural and manmade hazards, environmental conditions, diseases, and other risks, which in combination with my actions can cause injury to me. I hereby agree to assume all risks which may be associated with or may result from my participation in REVC, including, but not limited to, transportation to and from volunteer sites, working in reception centers, and other similar activities. I recognize that these activities will involve physical activity and may cause physical and emotional discomfort. I agree not to hold REVC, North Carolina Emergency Management (NCEM), or the staff or volunteers of the above, responsible for any injuries I may incur during REVC-related activities.

PRINT NAME: \_\_\_\_\_

SIGN NAME: \_\_\_\_\_

Please return this form to [revc@ncdps.gov](mailto:revc@ncdps.gov)