

Disaster Response Volunteer Application

Return by mail or email to:

We Care Ministries
2700 E. Sunset Rd. #C24
Las Vegas, NV 89120
Phone: 702-456-2273
wecare@softcom.net

Volunteer's Name _____ E-mail _____

Address _____

Preferred Phone (____) _____ Best time to call _____

Occupation _____ Age _____

Social Security number _____ Date of Birth _____

Marital Status _____ Spouse's Name _____

Location of Deployment _____ (City) _____ (State) _____

Emergency Contact

Name _____ Relationship _____

Address _____

Home Phone _____ Work Phone _____ Cell Phone _____

Email Address _____

Health Information

Health Issues (allergies, asthma, diabetes, heart condition, etc.)

Symptoms _____ Antidotes _____

Medications (prescription, over the counter) _____

Previous Volunteer Experience

Skills/Interests/Certifications

Pastor Reference/Character Reference

Signature _____ Date _____

Print Name _____ Phone _____