



Town of Paradise

5555 Skyway Paradise, CA 95969

Bus: (530) 872-6291, Fax: (530) 877-5059 www.townofparadise.com

TOWN OF PARADISE

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Volunteer Application

This information will be used in our Emergency Response Directory (ERD).

Last Name _____ First Name _____ MI _____

Street Address _____

Mailing Address (if different from above) _____

City _____ State _____ Zip _____

Phone (Day) _____ Unlisted: Y N

Phone (Night) _____ Unlisted: Y N

Cell Phone _____ Pager _____

If we are activated for a disaster, which number do you want listed on the phone tree?

Primary E-mail for Training Notifications, etc: _____

Secondary E-mail _____

The following information will not be published, but will be kept for emergency purposes only.

Emergency Contact _____ Relationship _____

Phone(s) _____

Physician _____ Phone _____

Do you have any medical conditions that would prevent you from working as a volunteer?

Yes _____ No _____ Unsure _____

Driver's License # _____ Expiration Date _____

I wish to volunteer for one or more areas:

- Call/Information Center
- Traffic & Evacuation Control
- Sheltering
- Food Service

Signature _____ Date _____



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