



5555 Skyway Paradise, CA 95969  
Bus: (530) 872-6291, Fax: (530) 877-5059 [www.townofparadise.com](http://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The following information will not be published, but will be kept for emergency purposes only.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 \_\_\_\_\_