

Disaster Volunteer Referral

Request # _____

Name of Volunteer _____ Date _____

Referred to (agency) _____

Site Supervisor _____ Phone _____

Site Location _____

Directions to Site _____

Title/description of volunteer assignment _____

Days & hours needed by agency _____

**Note to receiving disaster relief agency:
Verification of volunteer's credentials is the responsibility
of the receiving agency.**

| |
|--|
| VRC staff initials: Coordinator _____ |
| Safety _____ |
| ID _____ |

| Site Supervisor | Date | Hours Worked |
|-----------------|-------|--------------|
| _____ | _____ | _____ |

Figure 5

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Figure 5