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.

Site Supervisor __________________________ Date __________ Hours Worked __________

VRC staff initials: Coordinator ________ Safety ________ ID ________

Figure 5

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.

Site Supervisor __________________________ Date __________ Hours Worked __________

VRC staff initials: Coordinator ________ Safety ________ ID ________

Figure 5