

Town of Whitefield

56 Littleton Road
Whitefield, NH 03598
(603) 837-2551 Fax (603) 837-3148

VOLUNTEER REGISTRATION

TOWN OF: Whitefield, NH

Name: _____ Date: _____

Address: _____ Contact Number: _____

PLEASE CHECK ANY OF THE FOLLOWING IN WHICH YOU HAVE EXPERISE AND TRAINING

___ First Aid (current card: Yes ___ No ___)

___ CPR (current card: Yes ___ No ___)

___ Triage

___ Construction

___ Search & Rescue

___ Law Enforcement

___ Multi-Lingual (Languages: _____)

___ Food Preparation

___ Bus/Truck Driver

___ Commercial Driver's License

___ Ham Radio Operator

___ Structural Engineer

___ Shelter Management

___ Waste Disposal

___ Recreational Leader

___ Physician

___ Nurse

___ Mental Health Worker

___ Other: _____

___ Other: _____

___ Other: _____

___ Other: _____

Do you have equipment or access to equipment or materials which could be used in an emergency?

Yes: ___ No: ___

Please list equipment and materials

Special Interests

Availability

Signature: _____ Date: _____