



Children's Disaster Services

Please complete this form & the waiver of liability form as part of your on-site orientation given by the Disaster Project Director or Center Lead

Orientation Completed, Date: _____, by _____

Volunteer On-Site Registration

Brethren Disaster Ministries
 P. O. Box 188, 601 Main Street
 New Windsor, MD 21776
 410-635-8734 410-635-8739 (fax)

FULL NAME:	DISASTER:	DR: #
ADDRESS	ASSIGNED TO:	
Phone(H):	Hotel:	
Phone(H):	Rm#:	Hotel Phone #:
Emergency Contact:	TRAVEL PLANS: (Attach travel plan form for flying or driving)	
Contact phone (H):		
Contact phone (H):		
Contact phone (H):		
Health Insurance:		
Group/Policy #:		

SERVICE RECORD - (This Disaster)		
DATES SERVED (with travel time)		LOCATION
FROM	TO	# DAYS

ASSIGNED ROLE IN THIS DISASTER: (Check One)
 ___ Care Giver ___ Center Lead ___ Disaster Project Manager

Supervisor (DPM or Lead): _____

Note: To identify the level of performance achieved by child care volunteers while serving on disaster location, the assigned DPM or Center LEAD should schedule a time to meet with each volunteer, prior to their departure for home, and complete a Celebrating Your Service form.