



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)

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

Orientation Completed, Date: _____, by _____

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

SERVICE RECORD - (This Disaster)				
DATES SERVED (with travel time)			<p style="text-align: center;">ASSIGNED ROLE IN THIS DISASTER: (Check One) ___ Care Giver ___ Center Lead ___ Disaster Project Manager</p> <p>Supervisor (DPM or Lead): _____</p> <p>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.</p>	
FROM	TO	# DAYS		
LOCATION				