

Volunteering for your community

Strafford, VT

This information will be used only in emergency activations within Strafford

Full Name: _____

Address: _____

E-Mail Address: _____

Telephone #'s: Cell _____ Home _____ Work _____

Do you have medical experience? EMT _____ Nurse _____ Physician _____ Counselor _____
Mid-wife _____ N.P. _____

Can you lift up to 50 lbs.? _____

Can you shovel? _____ **Rake?** _____

Can you take someone to a medical appointment? _____

Can you pick up groceries or meds for someone? _____

Can you supply meals for two people for a up to three days? _____

Do you have 4WD truck to move items? _____

Do you have an emergency generator/independent power source? _____

Do you have a portable generator that could be borrowed? _____

Do you have a spare room for two people to use for up to three days? _____

What days and time of day are you available? _____

Can you be called on short notice? _____

Do you have an ATV or snowmobile that could be used in an emergency? _____

Please return this form to the Town Office.

**The information will be kept in a secure location at the Town office.
You will be contacted only during an emergency activation in Strafford and
you would be a volunteer.**

Thank you very much.