

# DISASTER RELIEF OPERATION (DRO) MEMBER REGISTRATION FORM

*All information provided to the American Red Cross in this form is treated and maintained in a secure manner.*

Please fill out on a computer or print legibly.

Last Name

First Name

MI

## Primary Address Information

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Cell Number: \_\_\_\_\_ (Please check preferred phone number.) Date of Birth: \_\_/\_\_/\_\_\_\_ (MM/DD/YYYY)

E-Mail Address: \_\_\_\_\_

## Primary Emergency Contact Information

Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: Check this box if address is the same as above, or

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Home/Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Zip Code: \_\_\_\_\_

## **Please check the skills that apply to you.**

### **Business skills**

Accounting  
Bookkeeping  
Basic computer skills  
Customer Service  
Data Entry  
Instruction/Facilitation  
Interviewing  
Project Management  
Personnel Management  
Public speaking  
Supervision  
Inventory  
Filing/Sorting  
Research  
Certified HR Professional  
Translator\* (Written)

### **Logistics skills**

Computer networking  
Driving (car/light truck)  
Inventory  
Ordering Supplies  
Purchasing  
Radio Systems  
Satellite systems  
Telephone systems  
Transportation  
Warehouse  
Databases  
Dispatch  
Inspector  
Shipping/Receiving  
Mail Distribution  
Courier

### **Hospitality skills**

Cooking  
Planning Events  
Cooking Prep  
Food service  
Hotel management  
Kitchen management  
Recreation/Games  
Greeter

### **Specialty skills**

Licensed amateur radio operator  
Holds commercial drivers license  
Certified fork lift operator  
Licensed medical professional  
Licensed mental health professional  
Certified health professional  
Licensed teacher  
Local government operations  
Local NGO/VOAD agency  
Photography  
Writing  
Law enforcement experience  
Safety and/or security  
Fire department experience  
Licensed child care worker  
Systems administration

Interpreter\* (Spoken)

Certified mechanic

\* What languages:

\_\_\_\_\_

**Please enter your availability. The first date that I am available is .**

Day of the Week	Morning	Afternoon	Evening	Overnight
Sunday				
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_

**If submitting this form electronically, entering your name in the signature box above and checking this box will serve as your signature.**

## Staff Services Use Only:

### Directions:

1. Review page 1 for complete information. If handwritten, verify that all entries are legible.
2. Determine personnel category and volunteer type as noted below. If chapter affiliated, verify with chapter identification or contact the chapter for verification.
3. Review the skills section and ask follow up questions to assist with matching skills to open staff requests.
4. Verified chapter affiliated volunteers/employees are not required to sign the Code of Conduct, the CIIPA, or submit for background check.
5. Take volunteers who check licensed medical professional, licensed mental health professional, or certified health professional to the assigned Group/Activity (SS/SW, CLS/HS, or CLS/MH) for the activity to complete the statement at the bottom of this page.\*

### DRO Specific Information

DR Number: \_\_\_\_-\_\_\_\_ DR Name: \_\_\_\_\_ Assign Date: \_\_\_\_\_

Personnel Category: V-Volunteer – NOT an employee of the American Red Cross  
C-Chapter Employee – Exempt employee of a chapter  
CN-Chapter Employee Non-Exempt – Non-Exempt employee of a chapter  
LA-Loaned Agency – Agency Name: \_\_\_\_\_  
AH-Agency Hire – Hired temporarily by Adecco to work on the DRO

Volunteer Type: SP-Spontaneous – no current affiliation with the American Red Cross  
CH-Chapter Affiliated – currently affiliated with a chapter  
GR-Group – Group, Agency, or Organization Name: \_\_\_\_\_  
YH-Youth – under the age of 18

DRO Member Number: \_\_\_\_ (From DROMIS Staffing)

Completion Status for SP, GR, YH:

DRO Member Registration Form

DRO Pre-Assignment Health Questionnaire

Code of Conduct

CIIPA

Background Check Submitted

Completion Status for CH:

DRO Member Registration Form

DRO Pre-Assignment Health Questionnaire

CH status verified with ID or Chapter Contact

Assigned G/A/P: \_\_\_\_\_ Work Location: \_\_\_\_\_

Initial DROMIS Staffing Data Entry completed by: \_\_\_\_\_ Date: \_\_\_\_\_.

Background Check results received and entered into DROMIS Staffing by:\_\_\_\_\_.

\*I have verified that this person's licensure meets the requirements of this activity:

SS/SW

CLS/HS

\_\_\_\_\_  
Print Name and Sign

CLS/MH

Print Name and Sign

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Print Name and Sign