

## New York Annual Conference

of The United Methodist Church  
 20 Soundview Avenue, White Plains, NY 10606  
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# NYAC Hurricane Irene Recovery Volunteer Application

(please print clearly)

### Personal Information:

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_  
 Email address: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_ T-Shirt Size: \_\_\_\_\_

### Emergency Contact:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

### Experience:

Occupation: \_\_\_\_\_  
 Do you hold a professional license or specialized certification (e.g. MD, RN, PE, EMT, Pastoral Counseling), explain?  
 \_\_\_\_\_

Are you CPR certified?    Yes    No    Are you AED certified?    Yes    No  
 Are you certified in Standard First Aid?    Yes    No  
 Do you have a current UMCOR ERT Badge?    Yes    No    If no, did you take the ERT training class and, if so, when?  
 \_\_\_\_\_

Have you ever served on a VIM team?    Yes    No    If so, indicate where: \_\_\_\_\_

Please check the special skills you possess and indicate applicable skill level

Special Skill - Level	Beginner	Intermediate	Advanced	Professional
<b>Basic Construction</b>				
<b>Carpentry</b>				
<b>Electrical</b>				
<b>Masonry</b>				
<b>Plumbing</b>				
<b>Office/Computer</b>				

### Dates & Times:

Arrival Date & Time: \_\_\_\_\_  
 Departure Date & Time: \_\_\_\_\_

### Church Affiliation:

Church: \_\_\_\_\_  
 Church Address: \_\_\_\_\_  
 Church Phone #: \_\_\_\_\_

I understand that team members must be cooperative, flexible, and patient. I agree to cooperate with the team leader(s) concerning our life together, including daily assignments, food, lodging, transportation and any other activities involving the team as a whole. I agree to stay with the team from the beginning to end (except as excused by the team leader), to abstain from the use of alcohol and tobacco while together, and to behave in a Christian manner.

\_\_\_\_\_  
 Applicant's Signature Date