

Return Registration to:
Center for Community Preparedness
ESAR-VHP Program
 8919 World Ministry Avenue, Ste. B
 Baton Rouge, LA 70810
 Email: mmstarks@dhh.la.gov
 Telephone: (225) 763-3566
 Fax: (225) 765-2794

Office Use Only	
License(s) Verified	_____
Forwarded to Program	_____
Forwarded to Region	_____
Credential Level	_____
Volunteer Number	_____

CERTIFICATIONS: *(Please list all certifications held)*

PROFESSIONAL TRAININGS IN EMERGENCY PREPAREDNESS/RESPONSE

(Please list all courses and dates taken)

Course	Date Taken

CREDENTIALS: *(Please list all credentials held)*

EMERGENCY CONTACT NAME:	_____
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CONTACT NUMBER:	_____
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ADDRESS:	_____
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CITY:	_____	STATE:	_____	ZIP:	_____
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SPECIFIC PREFERENCE FOR DEPLOYMENT: Local State Out-of-State

Distance in miles from legal residence that volunteer is willing to be deployed:
 0-25 26-50 51-100 101-500 >500

In the event of a declared national emergency, would you consider volunteering to work under the auspices of the federal government? If you check yes, in the event of a national emergency, the information you provide will be made available to the federal government upon its requests.

Yes No

By signing and dating this form you acknowledge that the information provided is accurate and thereby, authorize the State of Louisiana to collect, use and maintain the personal information provided. The volunteer also consents to allow the State of Louisiana to perform reference and background checks.

SIGNATURE

DATE