



St Clair County  
Homeland Security & Emergency Management

**VOLUNTEER INTEREST FORM**

Volunteer Availability: Please select all that apply

- Day                       Evening                       Weekends                       24 hours a day/7 days a week

Training Availability: Please select all that apply

- Day                                       Evening                                       Saturdays

**Volunteer Assignment Preference:** *(select all that apply to the skill, training or certifications you may have)*

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Reception Center Worker | <input type="checkbox"/> Mass Feeding - Cook/Worker | <input type="checkbox"/> Office Worker/Data Entry |
| <input type="checkbox"/> Donation Center Worker  | <input type="checkbox"/> Lift Truck Operator        | <input type="checkbox"/> Public Educator          |
| <input type="checkbox"/> Hazmat Worker           | <input type="checkbox"/> Health Medical Volunteer   | <input type="checkbox"/> Communication Support    |
| <input type="checkbox"/> Weather Spotter         | <input type="checkbox"/> Community Ready Team       | <input type="checkbox"/> Animal Ready Team        |

**Please list your experience, skill level, certification or training to all areas selected:**

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\_\_\_\_\_

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**Please list any additional experience you have that might apply to an emergency situation:**

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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**CONTACT INFORMATION:**

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

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

Drivers License #: \_\_\_\_\_

Email: \_\_\_\_\_

Home Address: \_\_\_\_\_

Please return completed form by mail to:  
St Clair County Office of Homeland Security & Emergency Management  
295 N. Airport Dr.  
Kimball, MI 48074  
810.989.6965

or via email at [emergencymanagement@stclaircounty.org](mailto:emergencymanagement@stclaircounty.org)