



Disaster Relief Team Registry

www.bridgetonations.org

Please return this form by mail to: Bridge To Relief, 7101 Daniel Rd., Wake Forest, NC 27587

or fax to: 919-562-8826

Part I: Personal Information

Name:	First:	Middle:	Last:
Address:	Street:		City:
	State:	Zip Code:	Country:
Phone:	Home:	Cell:	Work:
Email:			
Date of Birth:		Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Passport:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Country:	
Employer:		Occupation:	
Status:	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Retired <input type="checkbox"/> Unemployed		

Part II: Disaster Response Project Information

List any professional certifications/registrations/licenses, including country, state/province of licensure:

List special skills, education, and/or experience that you have that you believe may be helpful or relevant in the event of a public emergency or relief effort:

Have you ever participated in a *Bridge To The Nations* or *Bridge To Relief* project? Yes No

List any other disaster relief or outreach experience, including date, location, sponsor, and type of service:



Part II: Disaster Response Project Information, Continued

List any health care settings where you have worked (e.g., clinic, emergency room, nursing home, etc.).

[Empty text box for health care settings]

What are your primary functional interests for disaster relief efforts (e.g., medical, general labor, water purification, food/shelter, search/rescue, health education, counseling, children's worker, other, etc.)?

[Empty text box for functional interests]

What are your primary geographical areas of interest, if any, for relief efforts (i.e., USA, Africa, Asia, etc.)?

[Empty text box for geographical areas of interest]

Do you have first aid training? Yes No If so, what type? _____

Do you speak any other languages? Please list: _____

Is your schedule flexible enough to allow for leave on short notice? Yes No

How many days notice would be necessary for you to participate in a project? _____

Are there any factors that might pose a conflict in your participation on a disaster response team (e.g., health limitations, travel restrictions, prior commitments, such as military duty, etc.)?

[Empty text box for conflict factors]

Is there any other information we should be aware of regarding your participation on a response team?

[Empty text box for other information]

How did you hear about the opportunity to participate on a disaster response team with Bridge To Relief?

- Brochure Internet Presentation Friend Other

Part III: Medical Professionals Only (doctors, dentists, nurses, pharmacists, etc.)

Type of license/registration/certification (e.g., MD, RN, PA, R.Ph., CRNA, etc.)

Table with 4 columns: Type of License, License Number, Issue Date, Country/State

Primary areas of practice (e.g., family practice, surgery, etc.): _____

Academic appointments: _____

Have you ever worked in a relief setting (i.e., military, third-world, medical missions, etc.)? Yes No

If yes, please state where, when, and type of service: _____

How many days notice do you require to reschedule appointments in order to participate on a disaster response team? _____