

Office of Emergency Management Evacuation Volunteer Form REGISTRATION FORM

(Please Print)

Today's date:							
PERSONAL INFORMATION							
last name:		First:	Middle:	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs.	<input type="checkbox"/> Miss <input type="checkbox"/> Ms.	Prefer to be called or nickname:	
Texas Resident? Yes_____ No_____	UTD Student?	(Former name):		Drivers License #:		State Issued	Sex: <input type="checkbox"/> M <input type="checkbox"/> F
Street address:			Last four SSN/ ID #:		Home phone no.: ()		
P.O.Bbox:	City:			State:		ZIP Code:	
Occupation:		Employer:			Employer phone no.: ()		
Chose Evacuation position by (please check one box):			<input type="checkbox"/> SAFE Leader	<input type="checkbox"/> Floor Monitor	<input type="checkbox"/> Other: _____	Bldg/Floor:	
IN CASE OF EMERGENCY							
Name of local friend or relative (not living at same address):			Relationship to Volunteer:		Home phone no.: ()		Work phone no.: ()
<p>The above information is true to the best of my knowledge. I understand this program operates under the premise that volunteers should primarily protect themselves and are not required to render aid beyond their training. Furthermore, I also understand that this service is solely voluntary and the University of Texas at Dallas cannot be held liable for accidents or injuries that may occur in emergency/disaster situations.</p>							
_____ <i>Volunteer's signature</i>					_____ <i>Date</i>		

