

# THOMAS COUNTY DISASTER VOLUNTEER FORM

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

Individual Y / N (circle)      Number in Group \_\_\_\_\_

Church/Organization: \_\_\_\_\_

Mailing  
Address: \_\_\_\_\_

City, State,  
Zip: \_\_\_\_\_

Phone: Home: (    ) \_\_\_\_\_ Cell: (    ) \_\_\_\_\_

E-Mail \_\_\_\_\_

#Youth \_\_\_\_\_ #Adults \_\_\_\_\_ Total: \_\_\_\_\_

#Male \_\_\_\_\_ #Female \_\_\_\_\_

Arrival \_\_\_\_\_ Departure \_\_\_\_\_

Skills \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

.....

**NOTE:** All volunteers **must** obtain a CERTIFICATE from Thomas County Building Inspection Department. This CERTIFICATE must be displayed at each job site until completion.

Kathy Brooks, 229.225.4120, 227 West Jefferson St, Elijah Hill Complex

# VOLUNTEER