NATF DISASTER OPERATIONS VOLUNTEER IDENTIFICATION INFORMATION

Print this page and complete the personal information section then bring with you to the Disaster Operations site for registration.

Please note you must be 18 years of age or older to participate in Disaster Operations.

NAME			MOBILE PHONE		
Address			Suburb		
Email			Postcode		
ALLERGIES					
ILLNESSES, please specify:					
Current Medications					
CURRENT CERTIFICATE	S Only list certification relevant to the	nis disaster. Certifi	cation must be current and proof must be available upon request.		
Certificate	NATF has a copy?	Other, plea	ase specify:		
First Aid	Y/N				
Heights/Climbing	Y/N				
Snake Handler	Y/N				
Flying Fox Rescuer	Y/N				
NEXT OF KIN Please do No	OT list a next of kin whom is also p	part of this Disas	ster Operation.		
Name		Relationship			
Address		Suburb	Suburb		
Phone Home		Mobile	1obile		

The following to be completed on site:

TIME IN	SIGNED	DATE
TIME OUT	SIGNED	DATE
TIME OUT	SIGNED	DATE

OFFICE USE						
NATF ITEMS	ISSUED	Other NATF items, please specify:				
Personal Identification Tag	Y / N					
Hard Hat	Y / N					
Gloves	Y / N					
Vest	Y / N					
Glasses	Y / N					

Notes:			