

# DISASTER MENTAL HEALTH VOLUNTEER REGISTRATION IL. Region 4

Copy Form and Fax to St. Clair Mental Health Bd.

618-277-5507 or send e-mail attachment to [pmaher708@aol.com](mailto:pmaher708@aol.com)

Please print clearly: Information used for volunteer registry and training notification

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Tele: Home \_\_\_\_\_ Work \_\_\_\_\_

Cell \_\_\_\_\_

E-mail home: \_\_\_\_\_

E-mail work \_\_\_\_\_

Emploment Position or Profession \_\_\_\_\_

Employer \_\_\_\_\_

Address \_\_\_\_\_

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

License: State \_\_\_\_\_ Profession \_\_\_\_\_ # \_\_\_\_\_

Prior Disaster Response Training: check all that apply

Disaster Mental Health Illinois Region 4 \_\_\_\_\_

CISM: \_\_\_\_\_ MRC: \_\_\_\_\_

Red Cross Disaster Mental Health: \_\_\_\_\_

Psychological First Aid: \_\_\_\_\_

School Crisis Intervention e.g. TLC: \_\_\_\_\_

Other please list: \_\_\_\_\_

Disaster Mental Health Response Experience, please list

\_\_\_\_\_  
\_\_\_\_\_