

Delaware Disaster Response Network
Volunteer Contact Form

Name: _____

Address: _____

Phone Number(s): _____

Email Address: _____

1. Have you taken the American Red Cross Foundations of Disaster Mental Health Services Training? _____

If so, where _____ and when _____

2. Have you ever completed the American Red Cross application process? _____

If not, please go to the Delmarva Red Cross website, [Delmarva Red Cross volunteer link](http://www.redcrossdelmarva.org/volunteer.htm). (If need be, type <http://www.redcrossdelmarva.org/volunteer.htm> in your browser!)

The American Red Cross requires an orientation and background check of all volunteers, even those who have already taken disaster MH training. The website will guide you through this as part of the sign-up procedure.

3. Are you willing to work with the military and their families? _____

4. Are you willing to work with the local ARC as needed (ie; call center)? _____

As part of our volunteer network, you have other options in addition to the Red Cross. Other possibilities to serve include the Medical Reserve Corps.

Christiana Care Medical Reserve Corps

Contact: Jane Walmsley

Phone: 302-733-3765

Delaware Division of Public Health Preparedness Medical Reserve Corps

Contact: Ingrid Hansen or Wendy Wilkerson

Phone: 302-831-8368 or 302-831-3022

5. Are you willing to go to monthly MRC meetings? _____

6. Do you have any additional DMH training or volunteering on a state, local or national level?

*Please return to: Kayta Gajdos, 1733 Creek Road, Chadds Ford, PA 19317 or
FAX to: 775-254-1792 or Email to: kcg@drgajdos.com*