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. (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 Galdos, 1733 Creek Road, Chadds Ford, PA 19317 or
FAX to: 775-254-1792 or Email to: kcg@drgaldos.com