

TORRANCE COUNTY EMERGENCY MANAGEMENT CIVILIAN VOLUNTEER ASSOCIATION

Applicant Name: _____

Mailing Address: _____

Physical Address: _____

Phone Number: _____ **Email:** _____

Can you receive text messages at the phone number listed? _____

Employer: _____ **Occupation:** _____

Skills, Experience or Certifications (i.e Food, Shelter, Communications, Medical, Other) _____

Area You Would Like to Volunteer In – Please circle all that apply.

All of Torrance County Moriarty Estancia Mountainair Willard
Encino Torreon Tajique Manzano Chili Other _____

Organizations applicant currently belongs to: _____

I hereby certify that the above information is correct and that I have not misrepresented myself. I give Torrance County Emergency Management permission to add me to the Code Red Volunteer group for the areas that I have selected. I understand that I may receive a phone call or text message from Code Red (800) number.

Signature: _____ **Date:** _____

For questions, contact sodell@tcnm.us or 505-297-9981. Return completed form to sodell@tcnm.us or PO Box 48, Estancia, NM 87016.