

# Sclar - Member Information Form

Name: \_\_\_\_\_  
**All our volunteers must qualify as a Registered Disaster Service Worker (DSW) through the El Dorado County Sheriff's office. It is a condition of acceptability that DSWs have never been convicted of a felony. HAVE YOU EVER BEEN CONVICTED OF A FELONY? \_\_\_\_\_ If yes, we want to thank you for your interest and regret that we cannot enroll you in our program.**

Physical Address: \_\_\_\_\_  
 Driving Instructions: Nearest X Street: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
 Telephone Numbers: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Spouse Work: \_\_\_\_\_  
 Cell: \_\_\_\_\_ Other: \_\_\_\_\_ FCC License? \_\_\_\_\_ Call Sign? \_\_\_\_\_  
 \*e-mail: \_\_\_\_\_ Web Site URL: \_\_\_\_\_

*\*Please be sure to include your e-mail; this is our primary method of communication.*

In case of Emergency contact: \_\_\_\_\_  
 Area your work is located: (i.e., Shingle Springs, Sacramento) \_\_\_\_\_  
 Medical Insurance Carrier: \_\_\_\_\_ Policy No.: \_\_\_\_\_ Physician: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Any Health Issues? \_\_\_\_\_  
 Drivers License #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Any license restrictions? \_\_\_\_\_  
 Your Age: \_\_\_\_\_ **You must be at least 18 years of age to be a Sclar volunteer**  
 Have you had any N.I.M.S. or I.C.S. training? \_\_\_\_\_ If yes: \_\_\_\_\_  
 Vehicle information: Registered Owner: \_\_\_\_\_

Truck Size (or indicate if personal auto)	2WD	4WD	Hitch Connection	5thWheel	Gooseneck	Seating Capacity
TRAILER Step Up	Ramp	# of Horses	Bumper Pull	5 <sup>th</sup> Wheel	Gooseneck	Style (i.e., stock, enclosed)

Do you have a camper *shell* on your truck? \_\_\_\_\_

Please complete and return to: SCLAR Large Animal Emergency Evacuation  
 PO Box 445; Somerset CA 95684  
 Web Site: [www.sclar.org](http://www.sclar.org) or e-mail us: [info@sclar.org](mailto:info@sclar.org)

***The information you provide here is important because we use it to build our resource list and in the event of an emergency, we would depend on this resource information.***

X \_\_\_\_\_  
Your Signature Date

Your Name, Printed: \_\_\_\_\_