

# Disaster Response Training

Volunteer Reception Center  
Registration Cut-off, January 18, 2008



If a disaster occurred in Licking County would you respond as a volunteer? Would your agency need volunteers? If you answered yes to either of these questions-you should attend the Volunteer Reception Center Training. Join fellow Licking County residents for a hands-on training that will prepare you and our community to set up and operate a volunteer reception center. All participants are welcome.

You will learn how:

- Volunteers can make a critical difference during a response to a disaster
- To establish a volunteer center
- To receive and process volunteers
- To match volunteers to the needs of professional responders

To learn more please visit: <http://www.serveohio.org/index.htm>

**Who:** All persons interested in becoming involved in their community's volunteer service

**When:** Saturday January 26, 2008

**Time:** Registration 9:30 AM, Training 10:00 AM to 3:00 PM

**Location:** C-TEC of Licking County  
150 Price Road  
Newark, OH 43055

**Registration:** Contact Jonathon Dye for registration

**Email:** [jdye@lickingcohealth.org](mailto:jdye@lickingcohealth.org)

**Cost:** No charge however lunch is on your own

**Instructor:** Adam J. (A.J.) Westlund, Citizen Corps Coordinator  
FIRSTLINK



# Disaster Response Training

## Volunteer Reception Center

Regional Training Exercise

January 26, 2008



## REGISTRATION FORM

Cut off registration date, January 18, 2008

**Fax or mail this registration form to:**      **Jonathon Dye**  
Licking County Health Department  
675 Price Road  
Newark, OH 43055  
Phone: (740) 349-6495  
Fax: (740) 349-6510  
Email: [jdye@lickingcohealth.org](mailto:jdye@lickingcohealth.org)

- Yes, I plan to attend the Volunteer Reception Center Training
- No, I am not able to attend the training, but would like to learn more about volunteering opportunities in Licking County. Please contact me using the information below.

**Contact Name:** \_\_\_\_\_

**Organization:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Total Number Attending:** \_\_\_\_\_

