

Center for Severe Storm Research, Inc. (C.S.S.R., Inc.)

Volunteer application form.

Name: _____ Date: _____

Street Address: _____

City: _____ State: _____ Zip: _____ County: _____

Phone Number: _____ E-mail: _____

SKYWARN Storm Spotter Certified/Trained: Yes _____ No _____

Do you have any Storm Spotter equipment (i.e. wind gauge, radar, ect.)? Yes _____ No _____

How did you hear about this organization? _____

If 18 years or younger (optional for adults), please fill out the section below:

Age: _____ Parent or Guardian Name(s): _____

Grade: _____ What school do you attend: _____

Emergency contact person(s): _____

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Release of all liability

Center for Severe Storm Research, Inc. (C.S.S.R., Inc.) is not responsible for any damages to personal property and not responsible for any injuries caused during severe weather. It is explained in the volunteer's handbook.

Applicant's signature: _____ Date: _____

Return form to:

Center for Severe Storm Research, Inc. (C.S.S.R., Inc)

201 South 3rd Street Apt. #5 Farmington, IA 52626