



Department of Transformation and Shared Services
Office of Personnel Management
Disaster Volunteer Activity Report

Red Cross will complete the top half of report at beginning of volunteer service and FAX entire page to appropriate agency for approval.

Date Service Begins: _____

Name of Volunteer: _____

Volunteer's Employer: _____

City: _____

Name of Disaster Relief Operation (DRO): _____

Function and Position of Assignment: _____

Red Cross Official Signature

Date

Department Secretary or Designee will complete this portion of report and Fax entire page to Red Cross.

APPROVED

DENIED

Department Secretary or Designee's Signature

Date

Red Cross will complete the lower portion of report at the end of the business day in which the employee is de-activated and FAX to the state agency.

Date service ended: _____

Summary of service activity: _____

(Red Cross Official Signature)