



# APPLICATION FOR LEE COUNTY DEPARTMENT OF HUMAN SERVICES DISASTER RECOVERY

**DATE:** \_\_\_\_\_

<b>Contact Person</b>	LAST	FIRST	MIDDLE OR MAIDEN
<b>Residence Address</b>	STREET	CITY	ZIP CODE
<b>Contact Information:</b>	TELEPHONE	FAX	E-MAIL

Please specify the preferred method of contact:  Mail  Fax  E-Mail

1. Work Group Information – Affiliation (if any): \_\_\_\_\_

Number/Age – Women: 15-19 \_\_\_\_\_ 20-35 \_\_\_\_\_ 36-49 \_\_\_\_\_ 50-65 \_\_\_\_\_

Number/Age – Men: 15-19 \_\_\_\_\_ 20-35 \_\_\_\_\_ 36-49 \_\_\_\_\_ 50-65 \_\_\_\_\_

*Please indicate the group's skill levels for the following skills by putting the appropriate number by those areas with #1 being highly skilled and can oversee, #2 being skilled, #3 being experienced, and #4 inexperienced but follows directions:*

- |                               |                          |                    |
|-------------------------------|--------------------------|--------------------|
| ____ Carpentry                | ____ Heating and Cooling | ____ Office Typing |
| ____ Cleanup (light/heavy)    | ____ Mason               | ____ Data Entry    |
| ____ Concrete (flat work)     | ____ Painter             | ____ Cook          |
| ____ Construction Supervisor  | ____ Plumber             | ____ Child Care    |
| ____ Drywall Finisher (taper) | ____ Roofer              | ____ Teaching      |
| ____ Drywall Hanger           | ____ Electrician         | ____ Errands       |
| ____ Floor Covering           | ____ Floor Underlayment  | ____ Other         |

2. Highest Level of Education attained: \_\_\_\_\_

3. Occupation: \_\_\_\_\_

4. List your most recent employer:

EMPLOYER	TYPE OF BUSINESS	POSITION	DATES

5. List any volunteer activities in which you have participated:


Lee County DHS Application  
For Disaster Recovery

6. Describe any degrees, training, or licenses you have that enable you to do any type of skilled labor:


7. Describe your interest in volunteer work:


\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Please be advised that all information contained in this application becomes public record once submitted to Lee County.

Please complete and return application  
either by mail or fax to:

Lee County Department of Human Services, Disaster Recovery  
2440 Thompson Street  
Fort Myers, Florida 33901  
Attention: Patricia Howell  
Fax: 239-533-7960