

**Association of Psychologists of Nova Scotia  
Post Disaster Volunteer Roster Information Form**

Name:

Address:

Telephone: Home:

Cell:

Office:

Email:

Which is the Best Contact in the daytime?

Which is the Best Contact in the evening?

Education (Degree, Institution):

Nova Scotia Board of Examiners, registration #:

Status (active, retired):

Registration in other jurisdictions:

APNS Member: yes \_\_\_ no \_\_\_

Please indicate any additional specific training relevant to post-trauma or post-disaster work (such as in CISM, Behavioral Triage, Psychological First Aid, etc.):

Current Practice Setting(s):

Are you a current employee of the NSHA or IWK?

In the event of a major disaster, please indicate your current limitations and expectations about your availability, assuming perhaps a couple of days notice:

\_\_\_\_\_ Anytime

\_\_\_\_\_ Only *during* standard daytime Monday -Friday work hours.

\_\_\_\_\_ Only *after* standard daytime work hours.

Other specific limitations:

Date: