# 2.9 Sign-in Form

This form can be used at the first meeting to capture information about attendees who may become network partners. The form can also be used at subsequent meetings when new members attend. This form can be used as a simple contact list and filed with the lead agency’s EOP.

|  |
| --- |
| Name: |
| Position/Title: |
| Agency/Company |
| Street Address: |
| City/State/Zip: |
| County: |
| Telephone/Fax: |
| E-mail: |
| Role (in project if applicable): |

* Do you or your agency work with or represent any individuals or groups that may be considered vulnerable?[[1]](#footnote-1) Briefly describe your relationship and the population group(s) you represent:

Type your response here.

* Do you know others who might be interested in this work?

Type your response here.

* Would you like to be notified about future meetings and activities?

Type your response here.

1. Populations whose members may have additional needs before, during, and after an incident in functional areas, including but not limited to: maintaining independence, communication, transportation, supervision, and medical care. (From the National Response Framework) [↑](#footnote-ref-1)