

# TSUNAMI RELIEF FORM

JANUARY 2005

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Email address: \_\_\_\_\_

Please indicate your language ability to work with psychiatrically affected individuals:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

Are you prepared to work in a one to one peer support or buddy role? YES / NO

Are you prepared to assist/contribute to training programs? YES / NO

Please indicate convenient dates you are available to assist.

\_\_\_\_\_  
\_\_\_\_\_

Other comments \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_