



# Miami Valley Long Term Recovery Operations Group

## Volunteer Group Intake Form

Date \_\_\_\_\_ Organization working with \_\_\_\_\_ Completed by \_\_\_\_\_

Group Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Email/Fax \_\_\_\_\_

Contact Name \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

### Trip Details

Confirmed On \_\_\_\_\_ Confirmed By \_\_\_\_\_

# Male Adults \_\_\_\_\_ # Female Adults \_\_\_\_\_ **Total #** \_\_\_\_\_

# Male Youth \_\_\_\_\_ # Female Youth \_\_\_\_\_

Arrival Date \_\_\_\_\_ Departure Date \_\_\_\_\_ Last Work Date \_\_\_\_\_

Arriving by Car \_\_\_\_\_ Bus \_\_\_\_\_ Plane \_\_\_\_\_ Needs Ride to Worksite Y/N \_\_\_\_\_

Volunteer Packet Sent \_\_\_\_\_ Volunteer Packet Returned \_\_\_\_\_

### Consists of:

1. *Volunteer Skills Assessment*
2. *Individual Release of Liability*
3. *Individual Medical Information*
4. *Parent/ Guardian Release*
5. *Medical Release for Minors*



# Miami Valley Long Term Recovery Operations Group

## Volunteer Skills Assessment

Group Name: \_\_\_\_\_ Hometown: \_\_\_\_\_ Number & Type of Vehicles: \_\_\_\_\_

Work Site: Miami Valley, Ohio (Dayton) Team Leader: \_\_\_\_\_ Leader's Cell: \_\_\_\_\_ Stay Dates: \_\_\_\_\_

Work Dates: \_\_\_\_\_

**Please have each volunteer team member specify their skills in each area according to the following levels, tally skills in columns:**

**1** – Haven't done yet but willing to try, **2** – Have done but need guidance, **3** – Can do well independently, **4** – Can do well and guide others, **5** –Working in a trade

SKILLS LEVEL	1	2	3	4	5
Team Leader					
Pastor					
Debris Removal					
Heavy Lifting					
Working at Heights (2 Story)					
Foundation					
Flooring Tear Out					
Framing					
Finish Carpentry					
Electrical					
HVAC					
Plumbing					
Insulation					
Drywall Hanging					
Drywall Finishing					
Hanging Siding					
Window Installation					
Door Installation					
Cabinet Installation					
Flooring – Wood – Vinyl					
Tile - Ceramic					
Masonry/ Brick/ Plaster					
Priming/ Painting					
Roofing					
Landscaping					
Cooking					
First Aid/ CPR Trained					



# Miami Valley Long Term Recovery Operations Group

## Individual Release of Liability Form

Please read before signing, as this constitutes the agreement as a volunteer and the understanding of your working relationship as a volunteer with the Miami Valley Long Term Recovery Operations Group (MVLTRG)

I \_\_\_\_\_ acknowledge and state the following:  
I have chosen to volunteer my help with a coordinated project and/or activity designed to assist the tornado recovery effort. It may include but is not limited to volunteer duties or details that may be unknown beforehand.

I understand that this work entails a risk of physical injury and may involve hard physical labor, heavy lifting, and other strenuous activity, and that some activities may take place on ladders or in motor vehicles. I certify that I am in good health and physically able to perform this type of work.

I understand that I am engaging in this project at my own risk. I assume all risks and personal responsibility as well as related costs and expenses for any damage, illness, or injury to my property or any personal injury, which I may sustain while involved in this project and/or activity.

During an activity that the (MVLTRG) arranges logistics for myself or my group, I understand that they are not responsible or liable for my personal effects and property and that they will not provide lock up or security for any items. I will hold them harmless in the event of theft, or for loss resulting from any source or cause.

I further understand that I am to abide by whatever rules, instructions, guidelines, and regulations that may be in effect for the activity at the time given either verbally, in writing, or shared by my group's leader.

I understand the need for confidentiality, and will not discuss, photograph, or otherwise disclose identifying information about the tornado survivors I am working with or for, without prior permission from (MVLTRG) and the survivors/family. This includes any reference to names, addresses, or other identifiable information.

By my signature, for myself, my estate, and my heirs, I release, discharge, indemnify and forever hold (MVLTRG) and any other related Disaster Response Agency, together with their officers, agents, servants and employee, harmless from any and all causes of action arising from my participation in this activity, including travel, or any damages or illness which may be caused by their own negligence.

### PLEASE PRINT

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

Emergency Contact \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

If a Minor, a Parent/ Guardian's Signature is required above.



# Miami Valley Long Term Recovery Operations Group

## Medical Information for Individual Volunteers

**(Every volunteer MUST complete this form (including minors))**

A copy should go in the packet to the work organization and a copy in the Team Leader's file on site.

Full Name \_\_\_\_\_ Blood Type \_\_\_\_\_

Age \_\_\_\_\_ Gender \_\_\_\_\_ Adult \_\_\_\_\_ Youth \_\_\_\_\_

Medications/ Prescriptions Currently Being Taken **(Please bring all medication with you when traveling):**

Name \_\_\_\_\_ Dosage \_\_\_\_\_ Frequency \_\_\_\_\_ Taken For \_\_\_\_\_

Name \_\_\_\_\_ Dosage \_\_\_\_\_ Frequency \_\_\_\_\_ Taken For \_\_\_\_\_

Name \_\_\_\_\_ Dosage \_\_\_\_\_ Frequency \_\_\_\_\_ Taken For \_\_\_\_\_

Name \_\_\_\_\_ Dosage \_\_\_\_\_ Frequency \_\_\_\_\_ Taken For \_\_\_\_\_

Allergies & Describe Reaction(s) \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Relationship to You \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone #1 \_\_\_\_\_ Phone#2 \_\_\_\_\_

Health Insurance Company \_\_\_\_\_

Policy Number \_\_\_\_\_ *(Attach Copy of Insurance Card)*

Physical Limitations or Known Medical Issues \_\_\_\_\_

I am a Diabetic \_\_\_\_\_ Yes \_\_\_\_\_ No I have a history of Seizures \_\_\_\_\_ Yes \_\_\_\_\_ No

Provide Helpful Health Information \_\_\_\_\_

I consider myself healthy enough to fulfill my responsibilities on this volunteer trip \_\_\_\_\_ Yes \_\_\_\_\_ No

**Signature of Volunteer** \_\_\_\_\_ **Date** / /

**If a Youth, Parent/ Guardian's Signature** \_\_\_\_\_



# Miami Valley Long Term Recovery Operations Group

## Parent/Guardian Release & Consent Form

Full Name of Youth \_\_\_\_\_

I hereby give permission for my child to serve in Disaster Response project coordinated by \_\_\_\_\_ in the event of an emergency during the duration of the trip. I hereby give consent to a licensed physician to hospitalize, secure proper treatment, anesthesia and/or surgery for my child named above. **(Attach a copy of the Insurance Card)** I understand that I am responsible for their own medical insurance and will not hold the MVLTROG liable for any injury or damage to my child while engaged in the disaster project.

**Print Parent/Guardian Name** \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Phone #1 \_\_\_\_\_ Phone #2 \_\_\_\_\_ Phone #3 \_\_\_\_\_

Your Relationship to Participant \_\_\_\_\_ Email \_\_\_\_\_

Insurance Company \_\_\_\_\_

Does your child have any physical limitations that might impact their participation, please explain \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

List All Allergies & Medications \_\_\_\_\_  
 \_\_\_\_\_

Special Accommodations Needed, If Any \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Notarization Authorization**

Notary State of \_\_\_\_\_ County of \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, \_\_\_\_\_ personally appeared before me.

\_\_\_\_\_ Whose identity I verified on the basis of \_\_\_\_\_

\_\_\_\_\_ Who is personally known to me

\_\_\_\_\_ Whose identity I verified on the oath/affirmation of \_\_\_\_\_

a credible witness to be the signer of the foregoing document and he/she acknowledged the he/she signed it.

\_\_\_\_\_  
 Notary Public



# Miami Valley Long Term Recovery Operations Group

## Medical Release Form for Minors

Minor's Full Name \_\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_

Date of Birth \_\_\_\_\_ Insurance Company \_\_\_\_\_

Policy # \_\_\_\_\_ *(Include Copy of Insurance Card)*

**Emergency Contact Name** \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Phone #1 \_\_\_\_\_ Phone #2 \_\_\_\_\_ Phone #3 \_\_\_\_\_

Permission to give Aspirin \_\_\_\_\_ Yes \_\_\_\_\_ No    Permission to give Tylenol \_\_\_\_\_ Yes \_\_\_\_\_ No

List Allergies & Describe Reaction \_\_\_\_\_

Medication(s) \_\_\_\_\_ Dosage \_\_\_\_\_ Frequency \_\_\_\_\_

Describe any medical conditions or limitations \_\_\_\_\_

Team Leader's Name \_\_\_\_\_ Trip Destination Miami Valley, OH (Dayton)

### **Parent or Guardian Authorization**

I \_\_\_\_\_, authorize \_\_\_\_\_ to consent to any necessary  
*Parent or Guardian* *Trip Leader*

examination, anesthetic, medical diagnosis, surgery, or treatment and/or hospital care rendered to the minor under the general supervision and on the advice of any physician or surgeon licensed to practice medicine by the state in which they practice, during the duration of the trip identified above.

**Signature of** \_\_\_\_\_ **Date** \_\_\_\_\_

### **Notarization Authorization**

**Notary:** State of \_\_\_\_\_ County of \_\_\_\_\_ On this \_\_\_\_\_  
day of \_\_\_\_\_, 20\_\_\_\_, \_\_\_\_\_ personally appeared before me.

\_\_\_\_\_ whose identity I verified on the basis of \_\_\_\_\_

\_\_\_\_\_ whose identity I certified on the oath/affirmation of \_\_\_\_\_ a credible witness,  
to be the signer of the foregoing document, and he/she acknowledged that he/she signed

\_\_\_\_\_ who is personally known to me.



# Miami Valley Long Term Recovery Operations Group

## Volunteer Trip Evaluation Survey

(Can be fill out by team leader or each volunteer)

Work Dates \_\_\_\_\_

Housing Location \_\_\_\_\_

Name of Group \_\_\_\_\_

Number of people in group \_\_\_\_\_

How many hours did you work? \_\_\_\_\_

1. How adequate was the information that you received from us to prepare for the trip?

\_\_\_\_\_Excellent    \_\_\_\_\_Good    \_\_\_\_\_Fair    \_\_\_\_\_Poor

2. How well did your housing arrangements work for your/ your group's needs?

\_\_\_\_\_Excellent    \_\_\_\_\_Good    \_\_\_\_\_Fair    \_\_\_\_\_Poor

3. How well were your volunteer skills put to use?

\_\_\_\_\_Excellent    \_\_\_\_\_Good    \_\_\_\_\_Fair    \_\_\_\_\_Poor

4. How was your overall trip experience?

\_\_\_\_\_Excellent    \_\_\_\_\_Good    \_\_\_\_\_Fair    \_\_\_\_\_Poor

5. What type of work did you participate in? \_\_\_\_\_

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

6. What was the most meaningful part of your experience? \_\_\_\_\_

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

7. Would you volunteer to come again, why or why not? \_\_\_\_\_

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



# Miami Valley Long Term Recovery Operations Group

## Volunteer Time Sheet

Group Name \_\_\_\_\_ Group Number \_\_\_\_\_

Volunteer Name \_\_\_\_\_ Volunteer Number \_\_\_\_\_

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Client Name/ID \_\_\_\_\_

Work Address \_\_\_\_\_

Starting Time \_\_\_\_\_ Ending Time \_\_\_\_\_ Total hours worked \_\_\_\_\_

Architect	Egress Windows	Heating/cooling
Cabinets	Electric	Heavy equipment
Clean-Up	Engineering	Insulating
Carpentry	Floor carpet	Masonry
Concrete	Floor Underlay	Paint
Construction Layout	Floor Vinyl	Plumb
Drywall-hang	Framing	Roofing
Drywall-finish	Other	

Notes:

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Client Name/ID \_\_\_\_\_

Work Address \_\_\_\_\_

Starting Time \_\_\_\_\_ Ending Time \_\_\_\_\_ Total hours worked \_\_\_\_\_

Architect	Egress Windows	Heating/cooling
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Notes: