Disaster Volunteer Registration Form

 (Please print clearly. Submit at Volunteer Reception Center or email/fax (see reverse)

# Mr.\_\_ Mrs.\_\_ Ms.\_\_ Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birth Date\_\_\_\_\_\_\_\_\_\_\_\_ Day Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# E-mail address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Evening Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Home Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ST\_\_\_\_\_ Zip\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Emergency Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your Occupation\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Employer\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Business Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ST\_\_\_\_\_\_ Zip\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you a year-round resident? \_\_\_Yes \_\_\_No Months you are available\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If you have any health limitations, please explain\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I am willing to volunteer in: \_\_\_\_this county \_\_\_\_a neighboring county \_\_\_\_anywhere in the state \_\_\_\_anywhere in the U.S.

Are you currently affiliated with a disaster relief agency? If yes, name of agency:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Special skills and/or vocational/disaster training:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**SKILLS: Please check all that apply.**

### MEDICAL

\_\_\_\_ Doctor – Specialty:

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

\_\_\_\_ Nurse – Specialty:

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

\_\_\_\_ Emergency medical cert.

\_\_\_\_ Mental health counseling

\_\_\_\_ Veterinarian

\_\_\_\_ Veterinary technician

### COMMUNICATIONS

\_\_\_\_ CB / ham operator

\_\_\_\_ Hotline operator

\_\_\_\_ Cell phone

 #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_ Satellite phone

 #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_ Public relations

\_\_\_\_ Web page design

\_\_\_\_ Public speaker

Language other than English:

\_\_\_\_ French

\_\_\_\_ German

\_\_\_\_ Italian

\_\_\_\_ Spanish

\_\_\_\_ Russian

\_\_\_\_ Creole

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

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

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

### OFFICE SUPPORT

### \_\_\_\_ Clerical – filing, copying

\_\_\_\_ Data entry – Software:

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

\_\_\_\_ Phone receptionist

### SERVICES

\_\_\_\_ Food

\_\_\_\_ Assistance to elderly.

\_\_\_\_ Child care

\_\_\_\_ Spiritual counseling

\_\_\_\_ Social work

\_\_\_\_ Search and rescue

\_\_\_\_ Auto repair/towing

\_\_\_\_ Traffic control

\_\_\_\_ Crime watch

\_\_\_\_ Animal rescue

\_\_\_\_ Animal care

\_\_\_\_ Runner

\_\_\_\_ Functional needs

 support\_\_\_\_\_\_\_\_\_\_\_\_\_

### STRUCTURAL

\_\_\_\_ Damage assessment

\_\_\_\_ Metal construction

\_\_\_\_ Wood construction

\_\_\_\_ Block construction

 Cert. #\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_ Plumbing

 Cert. #\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_ Electrical

 Cert. #\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_ Roofing

 Cert. #\_\_\_\_\_\_\_\_\_\_\_\_\_

 **TRANSPORTATION**

\_\_\_\_ Car

\_\_\_\_ Mini van

\_\_\_\_ Maxi-van, capacity\_\_\_

\_\_\_\_ ATV

\_\_\_\_ Own off-road veh/4wd

\_\_\_\_ Own truck, description:

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

\_\_\_\_ Own boat, capacity\_\_\_

 Type:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_ Commercial driver

 Class & license #:

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

\_\_\_\_ Camper/RV, capacity & type:\_\_\_\_\_\_\_\_\_\_\_\_

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

### \_\_\_\_ Wheelchair transport

### LABOR

\_\_\_\_ Loading/shipping

\_\_\_\_ Sorting/packing

\_\_\_\_ Clean-up

\_\_\_\_ Operate equipment –

 Types:\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

\_\_\_\_ Have experience

 supervising others

##### EQUIPMENT

\_\_\_\_ Chainsaw

\_\_\_\_ Backhoe

\_\_\_\_ Generator

\_\_\_\_ Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Office Use Only

 1 2 3 4 5

Disaster Volunteer Registration Form **(Side two)**

Release of Liability Statement

I, for myself and my heirs, executors, administrators and assigns, hereby release, indemnify and hold harmless [Coordinating Agency, local governments, State of \_\_\_\_\_\_\_\_\_, the organizers, sponsors and supervisors of all disaster preparedness, response and recovery activities **(check with local Risk Management and Emergency Management Departments re who should be included)]** from all liability for any and all risk of damage or bodily injury or death that may occur to me (including any injury caused by negligence), in connection with any volunteer disaster effort in which I participate. I likewise hold harmless from liability any person transporting me to or from any disaster relief activity. In addition, disaster relief officials have permission to utilize any photographs or videos taken of me for publicity or training purposes. I will abide by all safety instructions and information provided to me during disaster relief efforts.

Further, I expressly agree that this release, waiver, and indemnity agreement is intended to be as broad and inclusive as permitted by the State of \_\_\_\_\_\_\_\_\_, and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

I have no known physical or mental condition that would impair my capability to participate fully, as intended or expected of me.

I have carefully read the foregoing release and indemnification and understand the contents thereof and sign this release as my own free act.

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

Guardian, if under 18\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Volunteer’s credentials were recorded as presented. Verification of credentials and any background check required are the responsibility of the receiving agency.

#### This volunteer was referred to the following agencies:

Date Need # Agency \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Contact Name \_\_\_\_\_\_\_\_\_\_\_Contact’s phone #

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

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Return this completed form to:

(Add Coordinating Agency name, address , email address and fax number here)

Notes:

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

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