

# Disaster Volunteer Registration Form

(Please print clearly. Submit at Volunteer Reception Center or fax to  )

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: \_\_\_\_\_

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

<p><b><u>MEDICAL</u></b></p> <p>___ 110 Doctor      Specialty: _____</p> <p>___ 120 Nurse      Specialty: _____</p> <p>___ 130 Emerg. medical cert.</p> <p>___ 140 Mental health counsel.</p> <p>___ 150 Veterinarian</p> <p>___ 160 Veterinary technician</p> <p><b><u>COMMUNICATIONS</u></b></p> <p>___ 210 CB or ham operator</p> <p>___ 220 Hotline Operator</p> <p>___ 230 Own a cell phone # _____</p> <p>___ 240 Own a skyphone # _____</p> <p>___ 250 Public relations</p> <p>___ 260 Web page design</p> <p>___ 270 Public speaker</p> <p>Language other than English:</p> <p>___ 261 French</p> <p>___ 262 German</p> <p>___ 263 Italian</p> <p>___ 264 Spanish</p> <p>___ 265 Ukrainian</p> <p>___ 266 _____</p> <p>___ 267 _____</p> <p>___ 268 _____</p> <p>___ 269 _____</p>	<p><b><u>OFFICE SUPPORT</u></b></p> <p>___ 310 Clerical - filing, copying</p> <p>___ 320 Data entry      Software: _____</p> <p>___ 330 Phone receptionist</p> <p><b><u>SERVICES</u></b></p> <p>___ 410 Food</p> <p>___ 415 Elderly/disabled asst.</p> <p>___ 420 Child care</p> <p>___ 425 Spiritual counseling</p> <p>___ 430 Social work</p> <p>___ 435 Search and rescue</p> <p>___ 440 Auto repair/towing</p> <p>___ 445 Traffic control</p> <p>___ 450 Crime watch</p> <p>___ 455 Animal rescue</p> <p>___ 460 Animal care</p> <p>___ 465 Runner</p> <p>___ 470 Specific disability Service _____</p> <p><b><u>STRUCTURAL</u></b></p> <p>___ 510 Damage assessment</p> <p>___ 520 Metal construction</p> <p>___ 530 Wood construction</p> <p>___ 540 Block construction Cert. # _____</p> <p>___ 550 Plumbing Cert. # _____</p> <p>___ 560 Electrical Cert. # _____</p> <p>___ 570 Roofing Cert. # _____</p>	<p><b><u>TRANSPORTATION</u></b></p> <p>___ 610 Car</p> <p>___ 615 Station wagon/mini van</p> <p>___ 620 Maxi-van, capacity _____</p> <p>___ 625 ATV</p> <p>___ 630 Own off-road veh/4wd</p> <p>___ 635 Own truck, description: _____</p> <p>___ 640 Own boat, capacity _____ Type: _____</p> <p>___ 650 Commercial driver Class &amp; license #: _____</p> <p>___ 660 Camper/RV, capacity &amp; type: _____</p> <p>___ 670 Wheelchair transport</p> <p><b><u>LABOR</u></b></p> <p>___ 710 Loading/shipping</p> <p>___ 720 Sorting/packing</p> <p>___ 730 Clean-up</p> <p>___ 740 Operate equipment Types: _____</p> <p>___ 750 Have experience supervising others</p> <p><b><u>EQUIPMENT</u></b></p> <p>___ 810 Backhoe</p> <p>___ 820 Chainsaw</p> <p>___ 830 Generator</p> <p>___ 840 Other: _____</p>
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Office Use Only				
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

# 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 is the responsibility of the receiving agency.**

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

Date	Need #	Agency	Contact Name	Contact's phone #

**Return this completed form to:**

**(Coordinating Agency name, address and fax number)**

**Notes:**

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## Disaster Volunteer Referral

Name of Volunteer \_\_\_\_\_ Date \_\_\_\_\_

Referred to (agency) \_\_\_\_\_ Need # \_\_\_\_\_

Agency contact name \_\_\_\_\_ Phone \_\_\_\_\_

Address of Agency/Site \_\_\_\_\_

Directions to Site \_\_\_\_\_

Title/description of volunteer assignment \_\_\_\_\_

\_\_\_\_\_

Dates & hours volunteer will work \_\_\_\_\_

**Note: Verification of volunteer's credentials is the responsibility of the agency receiving the volunteer.**

### VRC Staff Initials:

Inter- view	Data Coord.	Safety Brief
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## Disaster Volunteer Referral

Name of Volunteer \_\_\_\_\_ Date \_\_\_\_\_

Referred to (agency) \_\_\_\_\_ Need # \_\_\_\_\_

Agency contact name \_\_\_\_\_ Phone \_\_\_\_\_

Address of Agency/Site \_\_\_\_\_

Directions to Site \_\_\_\_\_

Title/description of volunteer assignment \_\_\_\_\_

\_\_\_\_\_

Dates & hours volunteer will work \_\_\_\_\_

**Note: Verification of volunteer's credentials is the responsibility of the agency receiving the volunteer.**

### VRC Staff Initials:

Inter- view	Data Coord.	Safety Brief
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